



THE DECLARATION FOR HEALTH

TEXAS STATE

STRATEGIC HEALTH PLAN

PART III

TEXAS DEPARTMENT OF HEALTH

Foreword from the Public Health Improvement Steering Committee

About the Public Health Improvement Steering Committee

Texas Commissioner of Health Dr. Eduardo J. Sanchez and the Texas Board of Health convened a Public Health Improvement Steering Committee in September 2002 to guide the many partners in the public health system in defining shared public health improvement goals for 2010. The Steering Committee is made up of representatives of 17 councils, organizations, and agencies that have a broad perspective on public health practice in Texas. More than 100 partner organizations (see Appendix A) joined the Steering Committee in developing the goals to be reached by 2010. Collectively, the Steering Committee and partners are called the Texas State Strategic Health Partnership (Partnership).

Key Definition

Public health practice comprises activities undertaken to assure the conditions in which people can be healthy including *population-based* efforts to prevent, identify, and counter threats to the health of the public.¹ Emphasis is added to the term “population-based” because the focus of the Steering Committee and the partners who joined them was on promoting the health of the entire population and not on access to personal healthcare.

Purpose of the Report

The purpose of *The Declaration for Health: Texas State Strategic Health Plan Part III* is twofold. First, the Steering Committee wishes to invite more organizations and individuals across Texas to join us in reaching the public health improvement goals established. Second, we

felt it was important to summarize the process to date and provide the rationale for the goals in order to inform new partners and to assure a shared understanding of all partners of the work having taken place to date.

The Partnership Needs You!

As chronicled in this report, public health improvement goals for 2010 have been set and many partners have already committed to working to reach those goals. Much hard work remains and ample opportunity exists to help reach the goals. Workgroups are now forming around each goal to identify options for solutions to the major problems represented by the goals. You can contribute to a workgroup. In addition, every organization related to public health can formally commit to the goals. Your organization can detail your commitment for all partners to be aware of through the Partnership Web site. Also, anyone is invited to offer feedback on the process through the Web site <<http://www.tdh.state.tx.us/dpa/sshp.htm>>. Please add your voice to the Partnership.

If not us, who? If not now, when?



Vision of the Public Health Improvement Steering Committee

On December 4, 2002, members of the Steering Committee signed their organizations' names to a *Texas Declaration for Health* that states the vision of the Committee:



To fully enjoy the benefits of a prosperous and growing state, Texans and their communities must be healthy. Disparities in health among the people of Texas are not acceptable. The public health system must be effective and efficient in preventing disease and protecting all Texans from health threats.



We, the organizations affixing our signatures to this declaration, represent the length and breadth of Texas. We believe the public health system is the cornerstone of our state's healthcare system. We believe that the public health system can and must be improved to better meet the needs of all Texans.



Recognizing that "public health" includes all the activities that society undertakes to assure the conditions in which people can be healthy, and that health improvement depends on the actions of individuals, communities, and public and private partners, we, the undersigned, pledge to work together and share responsibility and accountability for creating a healthier Texas by the year 2010.



We must promote healthy eating and safe physical activity.



We must reduce the disease, disability, and premature death that result from tobacco use, risky sexual behavior, substance abuse, and violence.



We must promote mental health and individual and community social connections to improve prevention, early detection, and treatment of mental disorders.





We must increase the rates of high school graduation, adult literacy, college attendance, and other advanced education and training to improve socioeconomic and health status.



We must reduce health threats caused by environmental and consumer hazards.



We must take steps to reduce infectious diseases by raising rates of timely immunizations for children and adults.



We must change state statutes and local policies to ensure that essential public health services are available for all Texans.



We must build a system of collaborative partners to provide necessary public health services.



We must inform every community in Texas of the function, purpose, and availability of the state's public health system.



We must train the workforce of the public health system to meet evolving public health needs.



We must create a flexible funding system that supports public health.



We must base decisions on state and local level health indicators obtained through a reliable data collection and reporting system, while protecting the privacy of Texans.



We, the undersigned, dedicate ourselves to the cause of public health and to the community called Texas, and to its future. We urge our fellow Texans to join us in this vital mission.



Steering Committee Members

Texas Department of Health

Commissioner of Health

Eduardo Sanchez, M.D., M.P.H. (Chair)

Texas Health and Human Services Commission

Pat Devin

Texas Education Agency

Tom Fleming, Ph.D.

Health Disparities Task Force

Adela Valdez, M.D.

Texas Environmental Health Association

Elise A. Dixon, R.E.H.S., R.S.

Paso Del Norte Health Foundation

Ann G. Pauli

Texas Health Foundation

Robert Bernstein, M.D.

Preparedness Coordinating Council

Charles E. Bell, M.D.

Texas Institute for Health Policy Research

Camille Miller, M.S.W.

Texans Care for Children

Stephen Barnett, M.D.

Texas Medical Association Council

on Public Health

Patti Patterson, M.D., M.P.H.

Texas Alliance for Healthy Communities

Klaus Kroyer Madsen

Texas Nurses Association

Clair Jordan, M.S.N., R.N.

Texas Association of Counties

Sue Glover

Texas Public Health Association

John Herbold, D.V.M., M.P.H., Ph.D.

Texas Association of Local Health Officials

Claudia Blackburn, R.N.C., M.P.H.

Texas Public Health Training Center

Hardy D. Loe, Jr., M.D., M.P.H.





OFFICE OF THE GOVERNOR

RICK PERRY
GOVERNOR

November 27, 2002

Eduardo Sanchez, M.D., M.P.H.
Commissioner of Health
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756

Dear Dr. Sanchez:

I thank you, the members of the Public Health Improvement Steering Committee, and the public health partners involved for your diligence and commitment in developing the *Texas Declaration for Health*. The declaration establishes important public health improvement goals that Texans can work together to address by the year 2010.

The public's health depends on the contributions of many individuals and a vast and varied set of public, private, voluntary, academic, and service delivery organizations. A coordinated partnership among these individuals and organizations will optimize resources and efforts, and will help to make the public health system a cornerstone of the health care system in Texas.

By bringing together these important partners, you have built a foundation that will facilitate the creation of a culture of health and fitness in Texas and a dynamic public health structure to sustain it.

Sincerely,

A large, stylized handwritten signature of Rick Perry in black ink.

Rick Perry
Governor

RP:vfp



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Executive Summary

“Without a viable, effective, and efficient public health system that works, first, in the interest of the common good and, then, in tandem with the rest of the healthcare system, we will be at risk in the short and long term.”

— Eduardo J. Sanchez, M.D., M.P.H.,
Texas Department of Health

Public health actors throughout the state including governmental entities, academics, nongovernmental organizations, healthcare providers, and many others have worked alone and sometimes with partners to improve the health of Texans. Progress on specific issues and in specific areas has been commendable. Now is the time to take bigger steps and aim for statewide successes. The Partnership has gathered forces from all around the state and named goals for statewide health improvement by 2010.

The process for establishing goals included several planning rounds and opportunities for public comment led by the Public Health Improvement Steering Committee. The Steering Committee consists of 17 organizations with a broad perspective on public health with Eduardo J. Sanchez, M.D., M.P.H., Commissioner of Health, as the convener and chair. Dr. Sanchez and the Steering Committee issued an open invitation to public health partners across the state to participate in the goal setting. More than 100 organizations accepted that invitation over a period of several months in the latter part of 2002 and identified the following public health improvement goals to be addressed by 2010:

Goal A: Improve the health of all Texans by promoting healthy nutrition and safe physical activity.

Goal B: Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.

Goal C: Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.

Goal D: Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.

Goal E: Reduce health threats due to environmental and consumer hazards.

Goal F: Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.



Goal G: By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.

Goal H: By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.

Goal I: By 2010, Texas communities will be aware of the structure, function and availability of the public health system.

Goal J: By 2010, the public health system workforce will have the education and training to meet evolving public health needs.

Goal K: By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.

Goal L: By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.

Next Steps

Workgroups are now forming around each goal to answer the following questions for each goal by early fall 2003:

- What is the problem? Provide an evidence-based description of the issue.
- What are the strengths, weaknesses, opportunities, and threats related to this issue?
- What are the commitments the partners currently bring toward achieving the goal?
- What are the options for solutions? Optimally these options should be grounded in evidence-based best practices and relevant to state and local level implementation. This includes, but is not limited to, issues requiring legislative action.

The Steering Committee and all partners will reconvene in the fall of 2003 and plan next steps based on the workgroup reports.



The Strategic Health Planning Process and *The Declaration for Health*

Background

The health of a population is the shared responsibility of many entities, organizations, and interests including health service delivery organizations, public health agencies, and the people of a community. These entities are collectively called the public health system. The collective responsibility of the public health system is to provide the essential public health services for its constituent population. The essential public health services reflect the range of activities in which any public health system engages to protect and promote the health of a population. In Texas the essential public health services have been codified into law as Texas Health and Safety Code, Chapter 121.002:²

Essential Service 1: Monitor the health status of individuals in the community to identify community health problems.

Essential Service 2: Diagnose and investigate community health problems and community health hazards.

Essential Service 3: Inform, educate, and empower the community with respect to health issues.

Essential Service 4: Mobilize community partnerships in identifying and solving community health problems.

Essential Service 5: Develop policies and plans that support individual and community efforts to improve health.

Essential Service 6: Enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules.

Essential Service 7: Link individuals who have a need for community and personal health

services to appropriate community and private providers.

Essential Service 8: Ensure a competent workforce for the provision of essential public health services.

Essential Service 9: Research new insights and innovative solutions to community health problems.

Essential Service 10: Evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.

Individually, each partner organization in the public health system works within its jurisdiction or focus area to provide some essential public health services, and the results can be significant. However, when these organizations work relatively independently of each other, Texas misses the potential for even better results through coordination of resources and efforts. The Texas State Strategic Health Partnership was created to foster coordinated efforts toward shared goals.

Strategic Health Plan

In 2002, the Texas Department of Health (TDH) established a three-step strategic health planning process that included describing major and emerging challenges to health status, identifying gaps in the public health system, and then collaborating with a wide range of public health partners to formulate goals to address major public health challenges by 2010. In July 2002 a report, *The Health of Texans*, was published, describing issues concerning health status in Texas. In August 2002, the *Public Health Improvement Plan* was published describing gaps in the public health system. In September



2002, the Commissioner of Health convened the Public Health Improvement Steering Committee — the group of core public health stakeholders — to shepherd the process of setting goals. The Steering Committee and TDH invited many stakeholders to join the goal-setting process and form the Texas State Strategic Health Partnership. More than 100 partners participated in goal setting.

“We have developed a template for action.”

— John Herbold, D.V.M., M.P.H., Ph.D.,
Texas Public Health Association

The Health of Texans: Texas State Strategic Health Plan Part I

The Health of Texans: Texas State Strategic Health Plan Part I was published in August 2002 and provides a point-in-time snapshot of the major and emerging health status issues in Texas.³ The report addresses behavioral health risks, chronic diseases, infectious diseases, maternal and child health, injuries, mental health, dental health, and environmental health. When possible, the report gives information in these categories in terms of the current status of Texans, racial and ethnic differences, gender differences, age group differences, trends over time, comparisons to national data, and costs in financial and human terms. *The Health of Texans* constitutes the assessment on which to base health status improvement goals.

Public Health Improvement Plan: Texas State Strategic Health Plan Part II

In August 2002, the Texas Board of Health released the *Public Health Improvement Plan: Texas State Strategic Health Plan Part II* that addresses the need for a coordinated public health system as key to improving the health of the population of Texas.⁴ The *Public Health Improvement Plan* constitutes the assessment of the public health system on which to base system improvement goals.

Developing The Declaration for Health: Texas State Strategic Health Plan Part III

The Health of Texans and the *Public Health Improvement Plan* shared a few common messages:

- Public health is everyone’s concern and benefits everyone.
- Improving the public health infrastructure is key to creating a culture of health and fitness in Texas. In turn, a culture of health and fitness will raise health status among Texans.
- TDH has many partners in public health and all partners must work better together to address public health issues.

With a deep understanding of these central messages, Texas Commissioner of Health Eduardo Sanchez decided to convene a core group of public health stakeholders to set goals for public health improvement by 2010. More importantly, the Commissioner invited these stakeholders to partner in reaching the goals and attracting other partners.

Below is a synopsis of the key elements in the goal-setting process. More detailed information on the goal-setting process can be found in Appendix B and on the Partnership Web site at <http://www.tdh.state.tx.us/dpa/sshp.htm>.

On **September 24, 2002**, the Public Health Improvement Steering Committee met to discuss the current state of the public’s health. The Steering Committee committed to working together toward improving the status quo through shared goals with a wide range of partners.



“This is about people looking at their own communities, schools, agencies, and organizations and realizing that all of these help create the health of any given population.”

— Sue Glover, Texas Association of Counties

On **October 1–2, 2002**, more than 100 public health partners participated in two subcommittees to set goals. One subcommittee focused on developing health status improvement goals and one focused on developing public health system improvement goals.

Highlights from the discussion in the **health status subcommittee** include:

- A decision to focus on root causes of health status problems rather than particular diseases or health problems as a means to develop the health status improvement goals.
- Identification of numerous root causes of health status problems, followed by narrowing the focus to problems that the subcommittee believed were priorities and were feasible for public health intervention.
- A determination that issues such as cultural competency and addressing health disparities should be considered underlying principles in looking at all health status goals and therefore would not be included as separate goals.

The health status subcommittee drafted six health status improvement goals based on its discussions.

“I’d say what we have accomplished is creating a beginning. It has been an interesting process because all of us made a very deliberate effort, not just to recite what we already knew but to try to come up with creative approaches and to articulate what would make a difference.”

— Patti Patterson, M.D., M.P.H., Texas Medical Association Council on Public Health

The **public health system subcommittee**

identified challenges to creating a strong and seamless public health system in Texas including:

- A decentralized and inconsistent public health system that lacks accepted priorities based on good data,
- No reliable source of funding for public health infrastructure,
- A public health workforce that is not clearly defined, nor are its key competencies, and
- A general public that does not understand the key principles of public health and is unfamiliar with local, state, and federal public health providers.

Subcommittee members prioritized key concerns for the public health system based on the identified challenges and developed six draft goals. The subcommittee also decided to make an additional recommendation related to access to personal healthcare because many on the subcommittee felt that a lack of access to personal healthcare services exacerbates challenges to the public health system. The full text of the access-to-care recommendation can be found in Appendix B. This access-to-care recommendation did not become one of the Partnership’s goals because of the predetermined focus of the Partnership on population-based public health (i.e., essential public health services).

The draft goals developed on October 1–2 were posted at the Partnership Web site for comment. In re-drafting the goals, the Steering Committee considered all of the more than 100 comments received on the draft goals.

“Together as state partners, we can make a difference. Using this partnership as a model, we can make even a bigger difference in our communities.”

— Ann Pauli, Paso del Norte Health Foundation



On **October 30, 2002**, the Steering Committee and the other partners met to discuss the draft goals from the October 1–2 meeting and the comments received. The redrafted goals were placed on the Web site for final comment. The Commissioner of Health, as chair of the Steering Committee, appointed a small group of Steering Committee members to plan for the next steps in the process for reaching the goals.

“The perspectives of the stakeholders who have been a part of this partnership are impressive and will certainly serve the state well in addressing our state’s most pressing public health issues.”

— Pat Devin, Texas Health and Human Services Commission

On the morning of **December 4, 2002**, the Steering Committee and many partner organization representatives celebrated the release of the short *Texas Declaration for Health*. (The text of the short *Declaration* is printed in the Foreword.) In addition, the Steering Committee and Partners developed next steps for the Partnership that included:

- The group decided that a workgroup for each of the 12 goals should be formed and that co-chairs would include a steering committee member (or designee) and a local representative.
- The workgroups would be charged to answer the following questions in reports by a date to be determined in fall 2003:
 - o What is the problem? Provide an evidence-based description of the issue.
 - o What are the strengths, weaknesses, opportunities, and threats related to this issue?
 - o What are the commitments the partners currently bring toward achieving the goal?

- o What are the options for solutions? Optimally these options should be grounded in evidence-based best practices and relevant to state and local level implementation. This includes, but is not limited to, issues requiring legislative action.
- The Steering Committee agreed to meet again after the legislative session to review reports of the workgroups and plan next steps.

“We have accomplished a great deal in a short period of time. That takes leadership to bring such a diverse group of organizations together at the state level to meet and forge common goals. I hope we can inspire local and regional organizations to do the same.”

— Klaus Kroyer Madsen, Texas Alliance for Healthy Communities



Why These Goals?

Why these goals? This is an important question to ask and answer for any organization making a commitment to improving the health of Texans through this Partnership. Part of the answer can be found in the discussions of the health status and public health system subcommittees. The discussions of these subcommittees are summarized in “The Strategic Health Planning Process and *The Declaration for Health*”; more detailed information is available in Appendix B and at the Partnership Web site <<http://www.tdh.state.tx.us/dpa/sshp.htm>>. There are also broader answers that are worthy of discussion in this document. In this chapter, some of the key rationales or examples of why the goal is so important to improving health in Texas are described. The workgroups for each goal will develop more comprehensive information.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The increasing prevalence of overweight and obesity among all population groups is a serious concern for the health of Texans. Left unabated, these conditions may soon cause as much preventable disease and death as is caused by cigarette smoking according to *The Surgeon General’s Call to Action to Prevent Disease and Decrease Overweight and Obesity*, published in 2001.⁵

Being overweight increases a person’s risk of developing heart disease, stroke, high blood pressure, type 2 diabetes, certain cancers, osteoarthritis, asthma, sleep apnea, and other serious health conditions which have a profound impact on quality of life and substantial economic consequences for the healthcare system.⁶

A review of current health data highlights the seriousness of the overweight issue in Texas. The prevalence of both overweight and obese adults in Texas is increasing rapidly. Between 1990 and 2001, the prevalence of overweight and obese adults rose from 43 percent to 61 percent. Overweight and obesity are more pronounced among men, minorities, and middle-aged adults. The prevalence of obese children in Texas is higher than the nation as a whole. In 2001, 14.2 percent of Texas high school students were overweight or obese as compared to 10.5 percent of high school students in the U.S.⁷

One of the most important factors contributing to overweight and obesity is a lack of regular physical activity. In 2001, 27 percent of Texas adults reported doing no regular or sustained physical activity. In 2001, approximately 35 percent of high school students in Texas did not take part in sufficient physical activity.⁸

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Adopting healthy behaviors is the key to avoiding or reducing the impacts of the majority of health conditions that cause the greatest morbidity and mortality in Texas. To create a culture of health and fitness in Texas, Texans must make healthy choices. Information related to tobacco use and HIV illustrates the importance of healthy choices.

In Texas approximately 22 percent of adults and 25 percent of high school students smoke cigarettes. This quarter of the population engaging in a health behavior identified as risky has an enormous impact on the state overall.



Estimates from the Centers for Disease Control and Prevention detail the human and economic burden cigarette smoking puts on Texas.*

- 24,000 Texans lose their lives to cigarette smoking each year.
- Texas spends an estimated \$4.5 billion annually on direct medical expenditures attributable to smoking.
- Another \$5.4 billion is spent on lost productivity due to tobacco use.⁹

HIV statistics in Texas help emphasize the need to promote healthy behaviors related to sexually transmitted diseases. HIV is spread by unprotected sexual contact with an infected person or by sharing needles (primarily for drug injection) with an infected person. Also, HIV can be spread through transfusion with infected blood or blood products. Babies born to HIV-infected mothers may become infected before or during birth or through breastfeeding.¹⁰

HIV statistics for Texas also emphasize the gap between racial and ethnic groups on some important health status indicators. As stated in the health status subcommittee notes, partners who developed the goals did not make addressing health disparities a separate goal but rather felt that addressing disparities was an issue that should be considered under every goal. As illustrated in Table 1, in 2001, African American men had an HIV infection rate almost 4.5 times higher than white or Hispanic men. In 2001, African American women had an HIV infection rate 9 times higher than Hispanic women and 13 times higher than white women.¹¹

“This broad-based statewide partnership will provide even greater emphasis to eliminating health disparities in Texas.”

— Adela Valdez, M.D., Health Disparities Task Force

**Table 1. AIDS & HIV Cases Reported in Texas
by Gender & Race/Ethnicity, 2001**

Gender & Race/Ethnicity	AIDS Cases	%	Rate^b	HIV Cases	%	Rate^b
Male						
White	860	37	15.8	1,218	40	22.3
African American	761	33	67.5	1,102	36	97.7
Hispanic	692	30	20.9	712	23	21.5
All Others ^a	21	1	—	46	1	—
Totals	2,334	100	22.8	3,078	100	30.1
Female						
White	116	18	2.0	248	21	4.3
African American	394	61	32.3	705	61	57.8
Hispanic	129	20	4.0	202	17	6.3
All Others ^a	8	1	—	8	1	—
Totals	647	100	6.2	1,163	100	11.1
Total Cases	2,981		14.4	4,241		20.5

Source: Texas Department of Health, Bureau of HIV & STD Prevention.

^aIncludes cases of unknown race, therefore a rate is not calculated.

^bCases per 100,000 population.

* These estimates are attributable to cigarette smoking only and do not take into account deaths from other causes such as cigar and pipe smoking, smokeless-tobacco use, exposure to secondhand smoke, and fires. Productivity costs do not account for loss of work from smoking-related disability, excessive absenteeism and work breaks, and death and illnesses related to secondhand smoke.



Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

Good mental health is necessary for an individual's overall health and productivity and is crucial for successful family and interpersonal relationships and contributions to society. The prevalence and cost of mental illness are significant.

One in five Americans experiences a mental disorder in the course of a year. The number of Texans with severe, disabling mental illness requiring ongoing, long-term support and treatment is estimated at more than half a million.¹²

The direct costs of mental illness in Texas in both the private and public sector are estimated at nearly \$4.8 billion per year. Such indirect costs of mental illness as lost employment, reduced productivity, criminal activity, vehicular accidents, and added burdens on social-welfare programs increase the cost of mental disorders to nearly \$11.3 billion annually in Texas.¹³

Risk factors for mental illness vary and are not as well understood as risk factors for some infectious diseases. However, factors such as severe marital discord, social disadvantage, overcrowding or large family size, paternal criminality, maternal mental disorder, and admission to foster care along with community factors such as living in an area with a high rate of disorganization and inadequate schools have been identified as key in the onset of mental illness.¹⁴

Also, some individual risk factors can lead to a state of vulnerability in which other risk factors have more effect. For example, low birthweight is a general risk factor for multiple physical and mental adverse outcomes; however, when low

birthweight is combined with a high-risk social environment, poorer mental health outcomes are more consistent.¹⁵

Fostering individual and social connections and an overall social environment supportive of mental health are crucial to reducing the burden of mental illness. Overall, socially isolated persons have a death rate 2–5 times higher than those who maintain close ties to friends, family, and community.¹⁶

Social attitudes discourage effective treatment for persons with mental illness. In a 1999 report, *Mental Health*, the U.S. Surgeon General notes that there are a variety of effective treatments for mental illness but nearly two-thirds of all people with diagnosable mental disorders do not seek treatment. The report considers the stigma surrounding the receipt of mental health treatment an important barrier to such treatment; the stigma is more pronounced in rural areas versus larger towns or cities and in certain age groups. The Surgeon General also finds stigma manifested in the fact that public support for paying for mental health services is “softer” than its support for paying for other health services. Education can counter this stigma.¹⁷

To the extent that individuals and communities refuse to acknowledge mental illness or refuse to adequately fund prevention and treatment, methods of public health education are crucial to eliminating misunderstanding and improving health.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

It is hard to overstate the impact of education on health, or health on education. Healthy children learn better, which allows them to achieve more in school. Keeping youth in school allows for reinforcing healthy behaviors.



For the population as a whole, the most consistent predictor of the likelihood of death in any given year is level of education. Persons ages 45–64 with the highest levels of education have death rates 2.5 times lower than those of persons with the lowest level.¹⁸

Education level and literacy rates in particular are good predictors of health status. For example, in a 1992 study, researchers found that the health of people with extremely low reading levels was poor compared to people with higher reading levels, even after adjusting for confounding sociodemographic variables.¹⁹ A 1993 study found that education had a substantially stronger relation to total life expectancy and disability-free life expectancy than did race among older African Americans and whites.²⁰

Persons with higher levels of education tend to make healthier choices. For example, persons with higher levels of education tend to be nonsmokers — more so than persons with less education. Persons with higher levels of education are more likely to have had a dental visit in the past year than persons with less education. Women with higher levels of education tend to have higher rates of breastfeeding than women with a lower level of education.²¹

“In terms of educational reform, there seems to be a growing awareness of the connection between healthy students and student success ... success measured not only by academic performance, but by emotional, physical, and social development. School health programs have the potential to not only improve student health status, but to improve schools by improving the school climate. And, research shows the value of school climate as a major factor in reducing risky health behaviors in young people while increasing the chances that students will succeed in school.” — Tom Fleming, Ph.D., Texas Education Association

Goal E: Reduce health threats due to environmental and consumer hazards.

Public health plays a regulatory role in a number of areas that are key to protecting consumers and the environment. For example, public health practitioners regulate restaurants, healthcare facilities, medical devices and drugs, licensing of health professions, drinking water and wastewater processing facilities, air pollution sources, toy manufacturers, and many others.

Some specific examples of environmental hazards related to outdoor air quality help to demonstrate the complexity of addressing many public health challenges and the need for stakeholders at the local, state, national, and even international levels to work together.

Several areas of Texas are in violation of the National Ambient Air Quality Standards for ozone and one area, for carbon monoxide and particulate matter.²²

Ground-level ozone is the result of air pollution from internal-combustion engines and power plants.²³ Ground-level ozone is the primary ingredient of smog and can affect lung function and aggravate respiratory diseases such as asthma and bronchitis. Texas has 16 counties in four urban areas that are currently designated as being in “nonattainment” under federal Environmental Protection Agency (EPA) standards. Almost half of the state’s population resides in these affected areas.²⁴

El Paso is the only city in Texas with the “nonattainment” designation for carbon monoxide and particulate matter. Carbon monoxide is produced by the incomplete combustion of fuels, mainly from vehicles such as cars and trucks. Particulate matter includes dirt, dust, smoke, and a complex mixture of chemicals that are small enough to be inhaled. Particulate matter can travel deep within the



respiratory system, causing decreased lung function, and may aggravate cardiovascular disease and respiratory diseases such as asthma. Coarse particles often come from unpaved roads, construction activities, motor-vehicle traffic, and dust storms. Finer particles tend to be emitted from combustion sources or are formed from gases such as sulfates. The mountains surrounding El Paso and Ciudad Juarez, Mexico create a common basin in which pollution is often trapped in a shallow layer next to the ground by temperature inversions.²⁵

Reducing ozone, carbon monoxide, and particulate matter is a public health challenge that involves many Texans and requires coordinated efforts by federal, state, and Mexican officials for regulatory efforts. Public health advocates at every level can also help address the issue through education. Public health advocates can educate individuals about the cause of pollution and encourage them to change their own behaviors that contribute to air pollution. In addition, public health advocates can promote community-wide actions to reduce pollution.

“This is a very diverse group and I appreciate the fact that so many people from so many organizations have stepped forward and are willing to sign their name on the dotted line and make a commitment to this process and the future of Texas.” — Elise Dixon, R.E.H.S., R.S., Texas Environmental Health Association

Like environmental hazards, consumer hazards require coordinated enforcement and education efforts on the part of many public health partners. One recent example of a consumer hazard points out this nexus of enforcement and education. Contact lenses that do not improve vision, called *plano* lenses by ophthalmologists, come in colors and patterns and, like any contact lenses, pose a risk of infection and even blindness if not properly

fitted by an eye-care professional. Recently the U.S. Food and Drug Administration (FDA) took action against the illegal distribution of plano cosmetic lenses, citing the risks of eye injury.²⁶ The FDA will work with local and state enforcement agencies to seize unapproved lenses sold in convenience stores, flea markets, and other locations. Enforcement efforts can help restrict the supply of plano contact lenses. Public health education efforts by a wide range of federal, state, and local public health partners can reduce the demand side of the equation.

Goal F: Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.

Vaccines save lives. There are at least 13 vaccine-preventable diseases.²⁷ Many people think of childhood vaccines as the sole focus of immunization efforts. Most Texans receive the bulk of their vaccines before age 3.

However, adults need immunizations, too. Tetanus shots are recommended for all adults and other immunizations are recommended for adults in certain high-risk groups. For example, for healthcare or public safety workers who have exposure to blood products in the workplace, immunization against hepatitis B is recommended.²⁸ Two examples below illustrate the importance of timely vaccination for children and adults.

Pertussis²⁹

Pertussis, also known as whooping cough, is vaccine-preventable, but Texas has experienced high levels of pertussis morbidity, with an average of more than 150 cases reported each year since 1990. In 2001, 615 cases were reported, and in 2002 there were 1,104.³⁰ When the pertussis vaccine is appropriately administered, morbidity is greatly reduced in young children.



Pertussis is a highly contagious upper-respiratory illness. Coughing fits associated with pertussis can be very serious. After coughing, a person may have difficulty catching his breath, vomit, or become blue in the face from lack of air. Pertussis is especially dangerous for infants, potentially causing serious breathing problems, pneumonia, and swelling of the brain that can lead to seizures and brain damage. Pertussis can also kill.

During 2001, according to the National Immunization Survey, Texas ranked 42nd among states, at 74.9 percent coverage for the 4:3:1 vaccine series (four doses of diphtheria-tetanus-pertussis vaccine [DTP/DTaP], three doses of poliovirus vaccine, and one dose of a measles-containing vaccine) for 19-month-old through 35-month-old children.³¹ Except for 1995, when Texas matched the national level of 76 percent, our state has always ranked lower than the national average for children ages 19–35 months.³²

“We are about collaboration and working together to improve the health of children and adults in the State of Texas.” — Stephen Barnett, M.D., Texans Care for Children

Pneumococcal Vaccination

In 2001, nearly 3,600 Texans died of pneumonia.³³ Approximately 87 percent of the deceased were older than 65 years of age, and two-thirds were 80 or older.³⁴ Pneumococcal vaccination, available at no cost through Medicare Part B, could have prevented many of these deaths. Pneumococcal immunization rates among Texas senior citizens improved by 50 percent between 1994 and 2001. However, four in ten Texans over the age of 65 years still have not received this important vaccination.³⁵

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention*

and health promotion) are available for all communities in Texas.

Many policy makers and public health practitioners believe that governmental public health entities have a unique obligation to assure that essential public health functions are available for every community — regardless of what organization actually provides the essential services — and they believe that state statute and local policy must support this assurance function.³⁶ Disease and injury prevention and health promotion are key aspects of the essential public health services that are necessary in every community.

The governmental public health system in Texas, which consists of local, regional, and state offices, does not meet the obligation of assuring the essential public health services in every community. For example, the state law that enables the creation of local health departments does not require local governments to establish public health agencies. In Texas, there are 254 counties and 148 autonomous local health agencies. These local agencies include city and county health departments, combined city-county agencies, and public health districts that may cover more than one county or city. Each local health agency operates independently of the state, has independent legal authority, and offers different types and levels of service.³⁷

For the counties in Texas that do not have a local governmental public health agency, TDH’s eight regional operational headquarters provide some essential public health services.³⁸ The local and state governmental public health providers cannot provide all the essential public health services themselves and have limited resources to assure services are provided. Ultimately, some areas of Texas do not have access to some essential public health services.



These essential public health services are the cornerstones for health in every community. The practice of public health focuses on prevention — to intervene before the situation becomes critical. For example, parents are taught how to protect themselves and their children from major injuries by using proper restraints in automobiles to protect them in a motor-vehicle crash. Also, through public health promotion, pre-teens are encouraged to avoid using tobacco products. Public health entities regulate health professions and restaurants. Public health tracks disease and other health threats and works to eliminate or reduce their impact. These are just a few examples of how communities without a public health presence are at risk.

“We’ve talked the talk for many years, but I know we all stand ready to walk the walk to improve the health of Texas.” — Camille Miller, M.S.W., Texas Institute for Health Policy Research

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Government agencies cannot and should not provide every essential public health service in every community in Texas — that would not be effective or efficient. The Partnership that established the 12 goals recognized the importance of a coordinated public health system in which all partners have a role and responsibility. However, as noted above, governmental public health has the unique function of *assuring* that the essential public health services are available in every community regardless of who provides those services.

A recent Institute of Medicine report, *The Future of the Public’s Health in the 21st Century*, addresses the issues subsumed under this goal. The report emphasizes the interconnectedness of many organizations in promoting public health:³⁹

Government public health agencies, as the backbone of the public health system ... must build and maintain partnerships with other organizations and sectors of society, working closely with communities and community-based organizations, the healthcare delivery system, academia, business, and the media.

The healthcare delivery system plays a vital role in assuring the health of the public. Academic institutions train health and public health workers and conduct essential health-related research. Communities function as both sites where health is supported or undermined and, through their various organizations and constituent entities, as potential partners within a public health system. Business and employers play important roles in shaping population health, not only in the occupational setting, but also through environmental impacts, as members of communities, and as purveyors of products available for mass consumption. The media has tremendous importance as people increasingly purchase, socialize, and gather information through electronic media and the Internet. News and entertainment media also play a major role as shapers and reflectors of popular culture, interests, and priorities.

The Texas State Strategic Health Partnership is the beginning of shaping the reality of multiple public health partners into a more cohesive force for reaching common goals.

“It is not about just local public health departments or the Texas Department of Health, but everyone in this partnership is a part of the public health system.” — Claudia Blackburn, R.N.C., M.P.H., Texas Association of Local Health Officials



Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

The essential public health services benefit every Texan, every day, everywhere in Texas. For example, everyone benefits from disease prevention and monitoring, health promotion, enforcement of laws and regulations that promote community health, et cetera. However, many people are not familiar with what “public health” means and often think of the term as indigent healthcare rather than community-wide health promotion.

Several years ago, TDH conducted a Texas survey in which 42 percent of respondents did not think that they personally benefited from government-funded public health services.⁴⁰ These findings represent a challenge to public health practitioners — first to have populations understand the work of public health, and for them then to embrace it. In these particularly lean fiscal times in the state and many localities, funding for essential public health services will be a particular concern. Having a critical mass of the population who understand and support public health can go a long way toward favorable fiscal support, not only through government, but also through individual contributions to non-governmental public health providers.

“When we improve the frontlines of public health, we achieve much. When we set common goals and multiply our voices for public health, we achieve more.” — Clair Jordan, M.S.N., R.N., Texas Nurses Association

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The demands placed on the public health system evolve, sometimes quickly and sometimes over years. For example, public health partners

recently have had to focus quickly on issues around bioterrorism preparedness that may not have been part of any formal public health training they received. From a longer-term perspective, public health’s focus has shifted from infectious diseases to chronic diseases and the concomitant risky health behaviors that cause or complicate those chronic diseases. More recent improvements in epidemiological methods and technologies, standardized health surveys, and morbidity and mortality surveillance represent greater opportunities for addressing public health problems as well as pointing out a greater need for training.⁴¹ Therefore, even the best trained public health practitioner must have the opportunity to update knowledge and skills as events dictate, or for long-term shifts in focus.

Another factor complicating the issue of training in public health is an evident gap in formal public health training among practitioners. Many public health workers have not had formal educational preparation focused primarily on public health. Conversely, those with public health training may lack training in management, political skills, and community diagnosis and organization that is needed in complex public health systems.⁴²

Some of the public health training gaps in Texas were demonstrated in a 2001 training-capacity survey of local public health departments in Texas conducted by the University of North Texas Health Science Center School of Public Health. In fewer than 40 percent of local health departments was there an employee with a public health degree. Many local health departments lacked basic internal training capacities such as assessing and tracking training needs, orienting new employees to the basics of public health, and conducting internal continuing-education programs. In addition, many local health departments lacked technologies such as Internet access and satellite-broadcast access to make use of those types of training opportunities. The report concluded:



In general, the public health training gaps that currently exist in Texas may be summarized in three broad areas: accessibility to public health schools for people residing in rural areas; lack, reduced availability or schedule constraints in public health training opportunities; and lack of effective collaborations in the maximization of limited resources like money and time.⁴³

In a time of constrained budgets, the investment in public health training is even more important as public health practitioners are called upon to address multiple issues with limited money.

“The real test of this partnership will be ... do we keep the faith as we go through and the work begins to build? If we do, I think there is a real prospect that the state may finally realize the promise of public health which allows for people to be born well, remain well and to die well.”

— Hardy Loe, Jr., M.D., M.P.H., Texas Public Health Training Center

Goal K: By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.

The need for flexible funding for public health activities is perhaps most relevant to local public health. For example, local public health entities in Texas receive their funding from a variety of sources: city or county governments, state-federal grants and contracts usually distributed through state agencies such as TDH, and/or grants or contracts with other entities.⁴⁴ Funding streams are often designed to address specific population groups such as pregnant women or a specific disease such as tuberculosis rather than to address whole populations. Federal money often mandates such compartmentalization of populations. Grants and contracts often require burdensome paperwork and time-consuming auditing and many are not guaranteed for more than a couple of years. In addition, funding

from local governments or from state and federal sources is subject to reduction during economic downturns.

The fragmented funding system for local public health creates inefficiencies and hinders the ability to respond comprehensively to public health threats. For example, staff at local health departments who are supported by different funding streams often address the same population. Cross-trained staff could do a better job of informing their target populations with fewer contacts over a broader range of issues. In addition, administrative staff often spend time determining whether people or families “fit” defined populations rather than reconfiguring services to meet the population’s needs.⁴⁵

With the terrorist events of September 2001 and the anthrax deaths soon thereafter, the public at large became aware that new public health threats could emerge and require immediate attention. Public health practitioners know that these events were just widely publicized examples of the way public health systems are often called to address immediate, often unanticipated, health threats such as West Nile virus, dengue fever, displacing floods, et cetera. Funding formulas tied to specific populations or diseases do not afford the ability to effectively allocate resources to emergencies and emerging public health threats. The challenge is to make funding streams at three levels — federal, state, and local — more flexible while maintaining accountability for the public’s health.

“This Declaration for Health is truly coming at an opportune time as we look to build and enhance the capacity for our state’s public health infrastructure.” — Charles E. Bell, M.D., Preparedness Coordinating Council



Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

There are many data gaps to be addressed in Texas to get to a place where public health system partners can readily access data to inform their decisions. The Strategic Health Status Indicators exemplify progress toward gathering local-level health data.

On September 11–13, 2000 the Texas Association of Local Health Officials and TDH co-sponsored the Strategic Health Status Indicators conference. The purpose of the conference was to develop consensus on core measures to assess public health progress at the local level. At the conclusion of the conference, local, regional, and central office public health staff proposed a core set of 38 indicators as well as investigational indicators (i.e., potential sources of valuable public health data). More information on the Texas Strategic Health Status Indicators can be found at <<http://www.tdh.state.tx.us/talho>>.

The investigational indicators are data points that conference participants believed would greatly assist in assessing the progress of local public health but are not currently being collected at the county level in the State of Texas. The following are the investigational indicators listed by priority rating as determined by the vote of the conference attendees.

- (1) vaccination coverage;
- (2) percentages of insured and uninsured including dental, mental, and primary care;

- (3) extend the Behavioral Risk Factor Surveillance System (BRFSS) to collect county-level data;
- (4) hospitalizations for asthma;
- (5) complications of diabetes;
- (6) breastfeeding in the first 6 months;
- (7) laws, ordinances, and policies on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in government facilities and permitted food establishments;
- (8) transient populations (migrant, homeless, undocumented);
- (9) food purchases and consumption;
- (10) planned births; and
- (11) the availability of childcare.

One very important consideration in gathering, analyzing, and disseminating any local-level data is maintaining the privacy of Texans. Some recent federal and state legislation regarding privacy of health information goes into effect in 2003. These laws will temper the ability to make statistics available for small populations.

Better data often lead to better decisions. With limited resources — and often lives — on the line, the importance of data for health policy decisions cannot be overstated for prioritizing threats, planning interventions, and evaluating efficacy.



Conclusion

The Partnership faces many challenges to reaching the health improvement goals by 2010. The most fundamental challenge is sustaining the Partnership — institutionalizing and expanding the collaboration in order to realize the promise of a culture of health and fitness in Texas. The Steering Committee has charted the course for the short term, but a critical mass of public health partners need to become involved for long-term success.

The Texas Declaration for Health: Texas State Strategic Health Plan Part III is the end of the strategic reporting cycle but only the beginning of the Partnership's hard work. The writing and printing of the *Declaration* can obviously contain only the work, ideas, and commitments that existed prior to publication. However, the Partnership Web site will continue to evolve and serve as an information and communication center for the Partnership <<http://www.tdh.state.tx.us/dpa/sshp.htm>>.

As chronicled in this report, much hard work has been done but even more remains to be done. Ample opportunity exists to help reach the goals. Join the Partnership today!

“The challenge for us under the Declaration is to engage the players because every partner is a player, but every player isn’t a partner. We have got to find the players who are not partners and engage them.” — Robert Bernstein, M.D., Texas Health Foundation



Note from the Steering Committee

The 76 Commitments to Texas that follow represent a core of organizations that have spent many long years working to improve the health of Texans in the capacity and the location in which each organization is active. Many have made great strides in their focus areas. However, these committed organizations have all experienced the frustration of isolation or faced seeming insurmountable challenges to improving the public's health in a broader way. These committed organizations have come to the realization that their efforts can and must be joined with others to conquer current and emerging public health threats and to create a culture of health and fitness in Texas.

These 76 organizations are a powerful group to build on, but a state as vast and diverse as Texas needs the assistance of many more groups to realize ambitious goals by 2010. Consider this a call to arms for organizations across Texas to similarly commit to partnering for the health of Texas.

As additional Commitments to Texas are received, they will be posted at the Partnership Web site. The Steering Committee invites organizations and individuals to participate in the workgroups and activities led by the Partnership and also to examine the Commitments from partners to find collaborators for other projects to improve the health of Texans



Adolescent Development & Achievement Program of Tyler, Inc. (ADAPT)

Contact: T. Diane Isham, Executive Director
1203 N. Broadway
Tyler, TX 75702
Phone: (903) 533-8299
Fax: (903) 526-2776

Mission and Purpose

Adolescent Development and Achievement Program of Tyler, Inc., (ADAPT) is committed to ensuring the opportunity for all young people to live meaningful and productive lives free of chemical dependency. Education, support groups, recreational activities, and professional counseling are provided, at no cost, for young people and their families caught in or trying to avoid the web of addiction.

Statement of Support

ADAPT commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below. In addition, ADAPT commits to look for specific opportunities in the future to address the goal below. ADAPT will begin, improve, or expand activities related to the goal. ADAPT will seek or strengthen public health partnerships in order to facilitate reaching the goal. ADAPT will periodically report its progress toward activities related to the following goal of its public health partners.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

ADAPT is centered on developing intervention and prevention measures to abate anti-social behavior of our children, and to deter, prevent,

and correct substance abuse, tobacco use, and crimes of violence in our community. ADAPT will impact culturally and economically deprived youth ages 8 to 18 who are prime candidates for recruitment into gangs and easily introduced to drugs. ADAPT is an after-school and early-evening program designed to address at-risk adolescents. Providing a one-on-one relationship with a responsible, licensed chemical dependency counselor at no charge will fill the gap of substance abuse support for youth in Smith County. ADAPT is a plan to prevent juvenile involvement in drug and alcohol abuse, gang activity, delinquency, and crime.



Alamo Area Women's Health Information Network

Contact: Deborah J. Kaercher, Vice President
P.O. Box 898
San Antonio, TX 78293-0898
Phone: (210) 887-9865

Mission and Purpose

The Alamo Area Women's Health Information Network (the Network) is a nonprofit organization working in partnership with the community and key stakeholders to improve access to local health information and resources for women and their families. Fragmentation of services and information often prevents families from accessing critical healthcare and information in a timely fashion. Community-wide collaborations will provide support to the Network's health information portal by providing access to critical health information. Computer training centers, libraries, and schools will provide computer access and training for the community and will help teach Network Web site navigational skills. Network partners include: San Antonio Metro Health District, Any Baby Can, United Way of San Antonio and Bexar County, area agencies, and providers. Access to comprehensive health information and community resources through the Network's health information portal will create a greater seamlessness in the management and retrieval of health information services within our community, making informed decision making regarding health choices more meaningful.

Statement of Support

The Network commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Network commits to look for specific opportunities in the future to address the goals below. The Network will begin, improve, or expand activities related to the goals. The Network will seek or strengthen

public health partnerships in order to facilitate reaching the goals. The Network will periodically report its progress toward activities related to the following goals of its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The Network will develop a fitness and exercise module that will allow the consumer to learn more about local nutrition and fitness opportunities. Several subject experts from the San Antonio community will help develop this module, providing guidance on health promotion materials, links, and opportunities for support.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

The Network will develop several health modules that reflect resources and information on issues of tobacco use and alcohol and drug abuse, as well as a module on violence. Area subject experts will provide support and suggestions for links and health content.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

An early health module of the Network will address mental health issues, resources, and links community-wide. This module will also link with subject experts to define content, format, and appropriate Web and community-based links.



American Cancer Society, Texas Division, Inc. (ACS)

Contact: Karen Torges, Vice President for Health Initiatives
2433A Ridgpoint Drive
Austin, TX 78754
Phone: (512) 919-1800
Fax: (512) 919-1844
Web site: <<http://www.cancer.org>>

Mission and Purpose

The American Cancer Society (ACS) is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

Statement of Support

ACS commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, ACS commits to look for specific opportunities in the future to address the goals below. ACS will begin, improve, or expand activities related to the goals. ACS will seek or strengthen public health partnerships in order to facilitate reaching the goals. ACS will periodically report its progress toward activities related to the following goals of its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

ACS will collaborate with other groups to achieve the following goals specifically related to nutrition and physical activity:

- promote initiatives that will ensure that more Texas residents eat at least five fruits and vegetables per day, with special focus on school and worksite systems;
- work to ensure that improved data is available on consumption of fruits and vegeta-

bles to identify subgroups of the population not currently eating at least five fruits and vegetables per day; and

- work with healthcare systems to ensure increased physician and healthcare provider assessment, counseling, and prescription of nutrition and physical activity to patients.

During the 2003 Texas legislative session and beyond, ACS will advocate for measures to encourage compliance with, and increase enforcement of, the items stemming from Senate Bill 19 (2001 session). These items include requirements for daily physical activity in public schools, grades K–6; school health advisory councils; and coordinated health programs to be provided in public schools. ACS will also advocate for measures that improve nutrition in public schools.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

ACS advocates for a significant increase in the cigarette excise tax in Texas, which would reduce smoking rates and promote the dedication of a portion of the new revenue to take the Texas Department of Health's comprehensive tobacco prevention and cessation program statewide.

ACS will collaborate with other groups to promote the Society's Quitline as a resource for individuals to quit tobacco use.

ACS Inc., will collaborate with school districts to provide coordinated school health education programs statewide to include:

- improving data to help determine which schools have effective health programs and are reducing risk behaviors among youth (nutrition and physical activity, tobacco control, sun safety);



- increasing awareness and actions by parents, communities, and schools in support of improved comprehensive school health education policies and programs;
- increasing collaboration and resource pooling with other organizations and agencies to achieve CSHE objectives; and
- sharing positive “early adopter” school models that have successfully established effective school health advisory councils.

ACS will collaborate with groups to encourage the general population to practice skin protection guidelines whenever they are outdoors and will support and encourage their children to do the same.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

ACS will work to improve the knowledge of cancer patients and survivors, families, and formal and informal caregivers regarding coping processes through providing quality information, education, and support.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

ACS, advocates for a statewide, comprehensive tobacco prevention and cessation program; “smoke-free public place” ordinances in all Texas communities; and school health advisory councils in all Texas communities.

ACS will collaborate with other groups to achieve the following goals specifically related to breast, cervical, colorectal, and prostate cancers:

- increasing the number of women and men who have screenings for cancer in accordance with ACS guidelines with emphasis on poor, underserved, and older populations;
- increasing the number of people who have access to appropriate and accurate information to make informed decisions about cancer prevention, risk factors, screening, and treatment;
- increasing access to preventive services, early detection, and appropriate treatment of cancer throughout the continuum of cancer, including survivorship;
- increasing the number of health professionals who understand and recommend cancer screenings according to ACS guidelines; and
- determining the current and future capacity to screen for breast and colorectal cancers.

ACS will work to improve symptom management in cancer patients and survivors in the following areas: pain, fatigue, nausea, nutrition, physical appearance, and lymphedema. The society will accomplish this goal through education and advocacy.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

ACS will work to improve access to the broad array of medical care and treatment services that are needed by survivors, families, and caregivers whether seeking diagnosis, newly diagnosed, in treatment, in recovery, long-term survivorship, or at the end of life. The Society will accomplish this goal through providing quality information and education, direct provision of some tangible services, and advocacy for increased access.



Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

ACS advocates additional funding for the Texas Cancer Registry, an essential part of the public health system in Texas, which is out of date and incomplete due to current under-funding.



Atascosa Health Center (AHC)

Contact: Juan H. Flores, CEO
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Pleasanton, TX 78064
Phone: (830) 569-2527, ext. 321
Fax: (830) 569-8574

Mission and Purpose

To provide comprehensive and integrated primary healthcare services to residents of Atascosa County and surrounding rural counties regardless of insurance status.

To deliver accessible health promotion and preventive-focused care that engage individuals, families, and the community in the design and decision making regarding their care.

To provide all services with a commitment to continuous quality improvement inclusive of linguistically and culturally competent approaches to their delivery.

To address community-driven health concerns through state-of-the-art preventive-health methods at the primary, secondary, and tertiary levels, i.e., primary health promotion, targeted secondary interventions with at-risk populations, and chronic disease-management tertiary interventions.

To demonstrate improved health outcomes at the individual and community level through cost-effective integrated delivery of adult, child, and women's medical and dental care, health and nutritional education, social services, outreach, and community health advocacy.

Statement of Support

Atascosa Health Center (AHC) commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, AHC commits to look for specific opportunities in the future to address the goals below. AHC will begin, improve, or expand activities related to the goals.

AHC will seek or strengthen public health partnerships in order to facilitate reaching the goals. AHC will periodically report its progress toward activities related to the following goals of its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

To continue the collaboration with the county's independent school districts in coordinated health promotion activities with targeted attention at the primary and middle school levels.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

To continue the collaboration with independent school districts in coordinated health promotion activities with targeted attention to teen pregnancy and substance abuse at the middle and high school levels.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

To collaborate with the South Texas Network composed of three rural and urban community health centers in the development of a model "primary mental health" intervention as an integrated component of service delivery in a primary medical care setting.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

To continue the collaboration with independent school districts in implementing AHC's Rural



Healthcareers Program that engages 35–50 students annually in academic, career, and health leadership development through a structured curriculum involving colleges, academic health science centers, health delivery organizations, and health professional role models.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

To engage in a community-wide collaboration involving the local health department, regional health department, and school districts in improving the immunization rates for Atascosa County.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

To participate as a partner in meeting the public health needs of Texans through coordinated attention to the Healthy Texans 2000 objectives.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

To expand AHC's partnership with the UT Health Science Center in San Antonio and area health professionals and organizations to increase continuing education and development in the health professions.



BioSignia, Inc.

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Mission and Purpose

Chronic degenerative diseases develop slowly. They are often characterized by years of subtle physical degeneration. In the early stages of chronic disease, overt symptoms may not be present. With nothing to draw a patient toward treatment and intervention, the degenerative process has time to firmly establish itself. By the time of diagnosis, the patient may be experiencing a fulminating crisis that is the result of a disease process that has been going on for a decade or more. This typical scenario has devastating outcomes because treatment often comes too late and can be enormously expensive. America's healthcare costs are currently \$1.2 trillion per year and rising. Nearly 70 percent of this huge healthcare expenditure is directed toward preventable conditions.

Preventable illness is the seminal cause of America's escalating healthcare burden. Technologies developed by BioSignia that will address (i.e. predict) disease risk and quantify its impact related to treatment, insurability, and drug discovery would have far-reaching results. BioSignia will design a new generation of predictive technologies and develop novel applications of these technologies to help healthcare professionals make critical decisions related to patient care, insurability, future healthcare costs, drug costs, and drug discovery. BioSignia's products and services will save lives, reduce expenses, and educate consumers. In the future, medicine will find that the most important aspects of maintaining health are centered on the things we do to prevent disease and not always on how we

treat it. BioSignia's suite of prospective healthcare predictive technologies can make a dramatic contribution towards Goals A–L by 2010.

Statement of Support

BioSignia, Inc., commits to be a leader in protecting and promoting the health of Texans. BioSignia commits to look for specific opportunities in the future to address the Partnership's goals. BioSignia will begin, improve, and/or expand activities related to the goals. BioSignia will seek and/or strengthen public health partnerships in order to facilitate reaching the goals. BioSignia will periodically report its progress toward activities related to the Partnership goals to its public health partners



Community Voices — El Paso

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Mission and Purpose

The mission of Community Voices — El Paso (Community Voices) is to develop an integrated and sustainable healthcare system that serves the uninsured and underserved of El Paso, Texas. The purpose of the organization is to serve as a systems change agent, in collaboration with other health, healthcare, and social services agencies in El Paso, to improve the long-term health and well-being of the residents of our community.

Statement of Support

Community Voices commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. Community Voices commits to look for specific opportunities in the future to address the goals below. Community Voices will begin, improve, or expand activities related to the goals. Community Voices will seek or strengthen public health partnerships in order to facilitate reaching the goals. Community Voices will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Current: Provide general health and wellness information to low-income and underserved El Pasoans and members of the Community Voices Primary Health Benefit Plan via *promotor* outreach.

Anticipated: Continuation of current activities. Increased targeted health promotion activities

to plan members who are either at risk or have chronic heart disease. Coordinated through current *promotor* staff, partner agencies, and the member services / health promotion department of El Paso First Health Plans.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Current: Tobacco — Very active tobacco control program in place through funding from the American Legacy Foundation. Supports a process of change in systems for healthcare providers including physicians, dentists, nurses, pharmacists, mid-level healthcare providers, and clinic support staff for implementing a program for tobacco control and smoking cessation throughout the healthcare network in El Paso. Supports continuing medical education (CME) training for healthcare providers as well as nicotine replacement therapies (NRTs) for low-income El Pasoans (at or below 200 percent of the Federal Poverty Level) who seek healthcare from providers participating in the program and who have completed the required CME training.

Anticipated: Tobacco — Continuation of existing activities in an effort to make the process a universally applied practice throughout the healthcare system in the community. Evaluation of patient satisfaction with provider intervention as well as adherence to NRT products in assisting with smoking cessation efforts. Continued efforts to ensure smoke-free workplace environments and increase awareness of the hazards of environmental tobacco smoke in the home.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*



Current: Through a grant from the Health Resources and Services Administration (HRSA), working with mental and physical health providers, school health personnel, leadership in the mental health community, and political leadership in the community to develop a model for the integration of behavioral and physical health. The target audience is children, adolescents, and their families. For the purposes of the grant, Community Voices has targeted three zip codes in El Paso that represent individuals and families that are very low income. A community needs and resources assessment was conducted in the targeted zip codes. Results have been analyzed and presented back to the community for validation. From this, a model for the integration of physical and behavioral health will be created. Community Voices is currently applying for additional funding to implement this model.

Anticipated: Based on physical healthcare providers' requests, a directory of mental health resources in El Paso County will be developed. The implementation and evaluation of the proposed model is dependent on funding to this initiative.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Current: Currently providing training for *promotores* in specific issues of health and access to healthcare.

Anticipated: Have explored plans to coordinate *promotor* training with the international *promotor* training program at El Paso Community College.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

Current: As part of our mission and collaboration, leadership in Community Voices works with local and state political leadership to keep public health on their agendas. However, there is no formal process by which this happens.

Anticipated: No different activities planned at this time.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Current: Community Voices is a collaborative effort of healthcare and social services providers and agencies serving the underserved and uninsured in El Paso County, Texas. Additional partners include the El Paso City County Health and Environmental District, Texas Department of Health (Region 9/10), and the City of El Paso. Through the collaboration, Community Voices will continue to seek innovative ways to provide healthcare services to low income and uninsured El Pasoans.

Anticipated: No different activities planned at this time.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

Current: Part of the function of the *promotor* staff is to facilitate awareness and to navigate access to services needed by the individual and family, including public health services.

Anticipated: No new activities planned at this time.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*



Current: Currently providing training for *promotores* in specific issues of health and access to healthcare.

Anticipated: Have explored plans to coordinate *promotor* training with the international *promotor* training program at El Paso Community College.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

Current: Community Voices is working to develop and implement a shared, integrated data system for community health in El Paso. Funding for this project has been provided through our HRSA Community Access Program (CAP) grant with pilot testing of the program beginning in 2003.

Anticipated: Community Voices will be working with community partners to expand the system to incorporate additional functions within the Web-based portal, and would be willing to work with TDH to explore the connectivity of this system with whatever statewide system may be developed.



East Texas Area Health Education Center (AHEC)

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Mission and Purpose

East Texas Area Health Education Center (AHEC) seeks to improve the health of its communities by developing a quality health workforce and helping address unmet health needs.

Statement of Support

East Texas AHEC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, East Texas AHEC commits to look for specific opportunities in the future to address the goals below. East Texas AHEC will begin, improve, or expand activities related to the goals. East Texas AHEC will seek or strengthen public health partnerships in order to facilitate reaching the goals. East Texas AHEC will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

East Texas AHEC will continue to include these topics in its continuing education programs for health professionals and its consumer health education programs. East Texas AHEC will also develop new programs where needed in the communities East Texas AHEC serves, if there is a gap in the services already provided or if our communities request additional help.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to,*

tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.

East Texas AHEC will continue to include these topics in its continuing education programs for health professionals and its consumer health education programs. East Texas AHEC currently provides many of these services, especially in tobacco cessation and prevention. East Texas AHEC will also develop new programs where needed in the communities East Texas AHEC serves, if there is a gap in the services already provided or if those communities request additional help.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

East Texas AHEC regularly fosters this concept at the individual, group, and community levels. East Texas AHEC commits to continuing to provide those services and expanding them as appropriate.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

East Texas AHEC commits significant resources to this goal and will seek opportunities to expand its ability to meet this goal.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

East Texas AHEC will continue to include these topics in its continuing education programs for health professionals and its consumer health education programs. East Texas AHEC will also develop new programs where needed in the communities East Texas AHEC serves, if there is a gap in the services already provided or if those communities request additional help. East Texas



AHEC will also foster and facilitate community and regional planning to address these issues.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

East Texas AHEC will continue to include these topics in its continuing education programs for health professionals and its consumer health education programs. East Texas AHEC will also develop new programs where needed in the communities East Texas AHEC serves, if there is a gap in the services already provided or if those communities request additional help.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

East Texas AHEC is committed to supporting and fostering policy development as it relates to the provision of the essential public health services for all Texas communities.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Partnership building is a core value for East Texas AHEC, which will commit to foster further partnership building to accomplish all the goals.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

East Texas AHEC will disseminate information and provide educational services in its continuing education programs for health professionals and its public health education programs to increase the awareness of the public health system.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

East Texas AHEC will support the recruitment of new public health workers in its extensive programming that promotes health careers, and East Texas AHEC will provide training to new and continuing workers as appropriate.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

East Texas AHEC will support the development of an efficient, effective, funding system.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

East Texas AHEC will foster the development of a reporting system.



Environmental Education Foundation

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Mission and Purpose

To engage in the developing and disseminating of information regarding hazards to human health and threats to the environment with particular emphasis on hazards or threats which are associated with occupying, purchasing, insuring, selling, or owning residential, commercial, or industrial property; testing methodologies and procedures to detect such hazards and threats; and programs and measures which mitigate or eliminate such hazards or threats.

Such information shall be disseminated primarily to professionals engaged in assessing such hazards or threats, financial institutions which are lenders for real estate, insurance providers who sell or issue policies to transfer risk, owners, or prospective buyers, as well as the public generally.

Statement of Support

The Environmental Education Foundation (Foundation) commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal E. In addition, the Foundation commits to look for specific opportunities in the future to address that goal. The Foundation will begin, improve, or expand activities related to the goal. The Foundation will seek or strengthen public health partnerships in order to facilitate reaching the goal. The Foundation will periodically report its progress toward activities related to the goal to its public health partners.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

The Foundation's objective in seeking a partnership with the Texas Department of Health is to provide training to general contractors and subcontractors and to property professionals on indoor environmental issues that can be a health threat to the occupants of residences or commercial buildings. The Foundation's program focuses on what measures — preventive and reactive — need to be taken to reduce the probability of issues of indoor air quality, with a focus on mold.

The Foundation may have an opportunity to partner with the U.S. Environmental Protection Agency to assist in this outreach activity if and when the proper state partner is found.



Glencoe/McGraw-Hill

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Mission and Purpose

The mission of Glencoe/McGraw-Hill is to produce high quality health and fitness educational products that help promote the good health of students and their school communities in grades 6–12. The purpose of Glencoe/McGraw-Hill's efforts is to promote healthy lifestyles for all Texans, and all U.S. students, by:

- (1) promoting healthy nutrition and safe physical activity;
- (2) promoting healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, alcohol and drug abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices;
- (3) helping individuals recognize mental health as a public health issue, promoting mental health and increasing individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders; and
- (4) reducing health threats due to environmental and consumer hazards.

Glencoe/McGraw-Hill commits to be a leader in protecting and promoting the health of Texans. Glencoe/McGraw-Hill commits to look for specific opportunities in the future to address the Partnership's goals. Glencoe/McGraw-Hill will begin, improve, or expand activities related to the

goals. Glencoe/McGraw-Hill will seek or strengthen public health partnerships in order to facilitate reaching the goals. Glencoe/McGraw-Hill will periodically report its progress toward activities related to the Partnership goals to its public health partners.



Health Disparities Task Force

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Mission and Purpose

The purpose of the Health Disparities Task Force is to assist the Texas Department of Health (TDH) in eliminating health and health access disparities among multicultural, disadvantaged, and regional populations in Texas; reorganize programs to eliminate those disparities; investigate and report on issues related to health and health-access disparities; and develop short-term and long-term strategies to eliminate health and health-access disparities with a focus on reorganizing programs to eliminate those disparities.

Statement of Support

The Health Disparities Task Force commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Health Disparities Task Force commits to look for specific opportunities in the future to address the goals below. The Health Disparities Task Force will begin, improve, or expand activities related to the goals. The Health Disparities Task Force will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Health Disparities Task Force will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

The Health Disparities Task Force is fully supportive of the goals of the Texas State Strategic Health Partnership (TSSHP). They are consistent with the goals of the Health Disparities Task Force, which is to eliminate health and health access disparities in Texas among multicultural, disadvantaged, and regional populations. In implementation of these goals the TSSHP should take into account cultural competence as well as health disparities. With more than half of our Task Force members in transition, the Task Force will support to the extent possible Goals A and F.



The Health Industry Council of the Dallas–Fort Worth Region

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Mission and Purpose

The Health Industry Council (the Council) is a nonprofit corporation that serves as a catalyst for the growth and development of all segments of the health industry in Dallas–Fort Worth. The Council seeks to create synergy among the organizations involved in healthcare, and is working to make the region a recognized center for the health industry at the local, national, and international levels.

Mission Statement

In order to optimize related community economic and quality-of-life benefits, the mission of the Council, through cooperative efforts of all interests in the Dallas–Fort Worth regional healthcare and biotechnology industries, is to:

- enhance the domestic and international reputation of the Dallas–Fort Worth regional healthcare and biotechnology industries;
- foster and implement projects and initiatives on a local, national, and international basis and serve as a forum for communication among members of an increasingly integrated health industry;
- initiate and/or support direct and indirect regional economic development activities related to healthcare and biotechnology; and
- serve as an educational and informational resource on matters affecting industry development.

Statement of Support

The Council commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Council commits to look for specific opportunities in the future to address the goals below. The Council will begin, improve, or expand activities related to the goals. The Council will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Council will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The Council's Community Health and Wellness Task Force is addressing this goal by researching and reporting on the health and wellness of North Texas citizens. These data are based upon beginning-of-life indicators, lifestyle indicators, and end-of-life indicators. Upon completion of the report, the task force will begin a program to help improve the health of Texans in this area.

The Council is also addressing this goal by co-chairing the Champions in Health Workplace Wellness initiative with the Tarrant County Health Department. The Champions in Health steering committee is currently promoting healthy nutrition and safe physical activity to area employers and encouraging these employers to begin workplace wellness programs. Through an annual awards program, the group is recognizing those employers who currently have exemplary workplace wellness programs.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

The Council is a collaborating partner with Interlink, a not-for-profit, 501(c)(3) orga-



nization dedicated to improving educational outcomes for high school graduates and entrants into community college. The Council acts as the healthcare branch of Interlink and assists in supporting Interlink's efforts to encourage high school students to take the classes necessary to enter a healthcare profession.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The Council's Community Health and Wellness Task Force is currently identifying associations and organizations in North Texas that have programs in place to promote healthy living. Once the task force has completed its report, those organizations will be contacted to see if they would like to become active partners in improving the health and wellness of citizens in North Texas. The Council is committed to sharing these partners with the Texas Department of Health and educating them about the state's public health goals.



Health Ministries Association, Texas Chapter

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Mission and Purpose

The Health Ministries Association, Texas Chapter (Texas Chapter), is an interfaith membership organization committed to encouraging, supporting, and developing whole-person ministries in congregations and in the communities they serve. The Texas Chapter's purpose is to:

- establish a statewide network to promote health education and access to resources for all parish nurses and health ministries in Texas;
- implement the Texas Chapter of the national Health Ministries Association; and
- continue the relationship between the Texas Department of Health and Parish Nurse Connections.

Statement of Support

The Texas Chapter commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Texas Chapter commits to look for specific opportunities in the future to address the goals below. The Texas Chapter will begin, improve, or expand activities related to the goals. The Texas Chapter will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Texas Chapter will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Ongoing and future activities include:

- educating about health through the Parish Nurse Connections quarterly meetings through presentations by Texas Department of Health staff and others; and
- publishing health promotion articles in faith-community newsletters.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Ongoing and future activities include:

- educating about health through the Parish Nurse Connections quarterly meetings through presentations by Texas Department of Health staff and others;
- publishing health promotion articles in faith community newsletters;
- conducting education on violence and disaster preparedness, e.g.: Coping with Violence (workshop in June 2002), The Faith Community's Role in Disaster Preparedness (October 2002), and The Red Cross' Role in Disaster Preparedness (January 2003); and
- continuing to emphasize disaster preparedness through 2003.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

Ongoing and future activities include conducting education on violence and disaster preparedness, e.g.: Coping with Violence (workshop in June 2002), The Faith Community's Role in Disaster Preparedness (October 2002), and The Red Cross' Role in Disaster Preparedness (January 2003).



Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Ongoing and future activities include:

- conducting education on violence and disaster preparedness, e.g.: Coping with Violence (workshop in June 2002), The Faith Community's Role in Disaster Preparedness (October 2002), and The Red Cross' Role in Disaster Preparedness (January 2003);
- collaborating with a variety of organizations to promote parish nursing and health ministry, e.g., the Central Texas Health Ministries Collaboration; Methodist Healthcare Ministries, the Center for Faith and Health Initiatives at the Institute of Religion in Houston, and St. Joseph's Regional Health Center in Bryan; and
- presenting at the Methodist Healthcare Initiatives Wesley Nurse Symposium (February 2002, March 2003); Equipping the Saints in Georgetown (February 2003); the Public Health Nursing Leadership Conference (February 2002, February 2003); and the National Health Ministries Association Conference (June 2002).



Kelsey Research Foundation (KRF)

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Mission and Purpose

In 1956, Drs. Mavis Kelsey, John Kelsey, William Leary, and Albert Owers established the Kelsey Research Foundation (KRF), a nonprofit organization, to support medical research and patient education in the Houston area. The mission of the KRF is to improve the quality of patient care and health outcomes through research and education. Over the past 46 years, the Foundation has supported institutions and research programs in the Texas Medical Center. The KRF and Kelsey-Seybold Clinic (KSC) provide a rich educational opportunity for medical students, resident physicians and fellows, and graduate students from Baylor College of Medicine, University of Texas Medical School, University of Houston, and the University of Texas School of Public Health. KRF also conducts research in health services and outcomes, partnering with physicians, hospitals, universities, and the local research community to improve the quality of patient care and health outcomes for all. Current projects include three nationally funded research studies on smoking cessation and a Health Information Center to provide patients with health maintenance and disease management information. In addition, the KRF continues to enhance its longstanding programs in cancer prevention and screening, childhood and adolescent health behaviors, diabetes management, epilepsy management and education, obstetrical outcomes, and osteoporosis screening and treatment.

Statement of Support

KRF commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the KRF commits to look for specific opportunities in the future to address the goals below. The KRF will begin, improve, or expand activities related to the goals. The KRF will seek or strengthen public health partnerships in order to facilitate reaching the goals. The KRF will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The Kelsey Research Foundation (KRF) distributes information on healthy nutrition and safe physical activity through the KRF's Health Information Center and the First Steps Program.

The **Health Information Center** is a collaborative project of the KRF and Kelsey-Seybold Clinic. The Center's mission is to provide patients with up-to-date and comprehensive resources they need in order to make informed decisions about their health and medical care. Resources include printed educational materials on a variety of health topics (including healthy nutrition and safe physical activity), reference books, health videos, Internet resources and health related Web sites, and access to online medical journals. The Centers, located at KSC Main Campus and West Clinic, are open to all, including patients and family members, healthcare providers, and the general public. On-site use of all materials is free. In January 2003, the Health Information Center assisted over 6,500 patients.

The KRF takes the Health Information Center to the local community. Local health fairs have included the National Association for the Advancement of Colored People (NAACP)



National Convention Health Fair, where over 1,000 community members were provided with information on Prostate Specific Antigen (PSA) testing, prostate cancer, nutrition, high blood pressure, cholesterol, and how to modify health behaviors.

First Steps is a preventive health program geared towards promoting the healthy growth and development of children by supporting parents during their child's first year of life. This program serves to educate parents on good nutrition (including breastfeeding and formula feeding) and increase the rate of on-time immunizations, exams, and healthcare visits, and reduce the incidence of neglect and abuse during the first year of life. First Steps moms are contacted by telephone at least six times during their child's first year of life with reminders of upcoming immunizations, exams, screenings, and tests. Included in these phone calls are discussions on well-baby care, and First Steps moms are given referrals to the appropriate community support services. It has been proven that parents who receive this type of emotional support and well-baby information are more likely to establish parent-child relationships and environments that promote the healthy growth and development of children.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

The KRF promotes healthy choices through the KRF's Health Information Center, several smoking cessation initiatives, and a research study on outcomes of health risk behavior screening.

The **Health Information Center** (mentioned in Goal A) provides patients with printed educational materials on topics including tobacco use, risky sexual behavior, substance abuse, liver disease, HIV, other sexually transmitted diseases

(STDs), hepatitis C, and AIDS. Access to health-related Web sites allows patients and the local community to research information on the Internet about the above topics.

In 2003, the Kelsey Research Foundation will be collaborating with the Texas Tobacco Prevention Initiative, the Texas Department of Health, and the Greater Houston Area Health Education Center to distribute a clinician's guide and patient education literature regarding tobacco prevention and cessation to over 300 physicians, over 900 nurses, and approximately 320,000 patients at KSC. These healthcare providers can have a powerful impact in motivating patients to quit using tobacco. The program provides physicians and nurses with the skills to counsel patients regarding smoking cessation and a list of therapies covered by insurance, and to distribute a brochure describing local smoking cessation programs.

The KRF collaborates with healthcare and research institutions in the Texas Medical Center on outcomes research and patient education projects. The Foundation is currently collaborating on two research studies on smoking cessation outcomes, funded by the National Cancer Institute, entitled *Smoking Relapse Prevention Among Postpartum Women and Treatment of Nicotine Dependence Among Hypertensives*.

The Foundation is also conducting an outcomes research study entitled *Health-Risk Behavior Screening and Preventive Counseling with Adolescents in a Private Practice Setting*. The specific goals are to: describe current health risk screening and counseling practices being used with adolescent patients (ages 11–21 years) seen by pediatricians at four Kelsey-Seybold Clinics; assess the prevalence of health risk behaviors as reported by patients (ages 11–21 years) seen by pediatricians at four Kelsey-Seybold Clinics; and evaluate the efficacy of an adolescent-specific, American Medical Association–developed pre-



ventive screening and counseling program versus a feedback-only intervention on screening and counseling behaviors of pediatricians at four Kelsey-Seybold Clinics.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

The KRF recognizes mental health as a public health issue. The Foundation is currently conducting an outcomes research study entitled *Treating Late-Life Generalized Anxiety Disorder in Primary Care*, funded by the UT Mental Science Institute. The goal of this four-year project is to conduct a randomized, controlled trial to compare the effectiveness of cognitive-behavior therapy to usual care among a sample of 150 patients 60 years of age or older.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

The KRF increases rates of college attendance through the Vicki Buxton Scholarship Fund and increases advanced education and training through Prime of our Lives, and workshops through the KRF's Health Information Center.

The **Vicki Buxton Scholarship** recognizes the hardship that young women often face when attempting to further their education while working and maintaining a family. Ms. Buxton continues to fund this scholarship to assist qualified KSC employees and eliminate the financial barriers associated with the first semester of school. Applicants must be full-time KSC employees, female, single heads of households, who are working towards a medical or business degree, certificate, or licensure. Although the scholarship is intended to serve as seed money

to finance the first semester of school, additional money may be awarded based upon criteria such as exceptional grades or needs.

Prime of Our Lives (POL) provides wellness and disease management information to women 40 years of age and older. Since July 2002, the Health Information Center, KSC's Education Department, and Pfizer have been sponsoring monthly classes. Topics include: Understanding Menopause and Making Choices; Mental Health: The Path to Self Awareness; Putting Your Health Into Your Health; Cancer: Understanding and Managing Your Risks; and Keeping Healthy Bones, Muscles and Joints.

The Foundation's **Health Information Center** (mentioned in Goal A) also sponsors workshops for patients and the local community. How to Talk with Your Doctor provided tips for improving communication between patients and their doctors. The main objectives of this workshop were to teach patients how to recognize barriers to effective communication and to learn good communication techniques. A Brown Bag Polypharmacy Event educated participants on how to take their medications properly. Helpful tips, such as how to read medication labels and checking medications for expiration dates, were discussed.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

The KRF welcomes collaborations that focus on projects on reducing health threats due to environmental and consumer hazards.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

The KRF reduces infectious disease in Texas with a focus on increasing rates of timely immunizations among Texas children and adults



through its ability to track immunization data for KSC, the First Steps Program, and the Health Information Center.

A data programmer is available to track and provide immunization data for patients at KSC.

The **First Steps Program** (mentioned in Goal A) provides written educational materials on well-baby care that enforce the importance of on-time immunizations and exams, nutrition, infant development, and conditions such as failure to thrive, shaken-baby syndrome, and accidents. In order to evaluate the program's effectiveness, the KRF will conduct a chart review to document the immunizations that occur at 0–2 weeks, 2 months, 4 months, 6 months, 9 months, and 12 months, and will document eye and hearing exams, tuberculosis (TB) screening, blood tests, failure to thrive, shaken-baby syndrome, and accidents in the first year of life. Immunizations reviewed will include: hepatitis B (HepB); diphtheria, tetanus, pertussis (DTaP); polio; *haemophilus influenza B* (Hib); pneumococcal conjugate; measles, mumps, rubella (MMR); and chicken pox. The KRF will compare our immunization rates to Health plan Employer Data and Information Set (HEDIS) quality indicators and to immunization goals for Healthy People 2010 (DTaP, polio, MMR, Hib, and HepB vaccines — 80 percent, influenza vaccine — 90 percent, pneumococcal vaccine — 90 percent).

Every month the **Health Information Center** (mentioned in Goal A) promotes different health topics according to the National Health Calendar. Three brochures, developed by the KRF, are distributed daily to KSC patients: *Pediatric Health Promotion* provides guidance and a better understanding of how to promote and maintain children's health; *Adult Periodic Guidelines* provides guidelines on recommended adult immunizations and health screenings; and *Healthy Living* encourages patients to change their health

behaviors. Topics include maintaining a healthy weight, low-fat diet, cholesterol, exercise, managing stress, safety belts, smoking, alcohol, home safety, and blood pressure. The brochure also includes various important exams, screenings, and immunizations: skin cancer screening, pelvic exams, Pap tests, breast exams, mammograms, STD screening, prostate exams, colorectal exams, bone densitometry, vision impairment exams, and dental exams.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

The KRF hosts an annual conference in the Houston area called the Health Services & Outcomes Research Conference. The theme of this year's conference was "Health of the Region: Understanding the Research and Policy Agendas to Effect Improvement." Conference objectives were to foster collaborative health services research projects among research and medical care institutions in Texas, describe the health challenges of the region, set a research agenda, discuss and summarize community and clinical research in response to the health challenges of the region, and focus on the potentials for intervention and opportunities for improvement. Posters were presented in three areas: social determinants of health, health behaviors, and medical care.

The KRF welcomes collaborations that focus on projects on essential public health services.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*



The KRF welcomes collaborations that focus on projects on meeting the public health needs of Texans.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

The KRF welcomes collaborations that focus on projects on meeting the public health needs of Texans.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The KRF welcomes collaborations that focus on projects on meeting the public health needs of Texans.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

The KRF welcomes collaborations that focus on projects on meeting the public health needs of Texans.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

The KRF is able to utilize the KSC patient population (approximately 320,000 patients) to monitor public health issues. The KRF monitors and reports the outcomes of KSC disease-state management programs and health maintenance activities. The KRF also designs and maintains databases for specific high-risk diseases such as cancer, congestive heart failure, diabetes, end-stage renal disease, obstetrics, and osteoporosis, and conditions such as high cholesterol.



March of Dimes — Texas Chapter

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Mission and Purpose

The mission of the March of Dimes is to prevent birth defects and infant mortality through advocacy, community services, research, and education. Every day babies fight for their lives. And every day the March of Dimes helps them win. Those efforts mean hope for more than 460,000 babies born prematurely each year. More than 45,000 of these babies are Texans. Some are so tiny that doctors can't save them. Others suffer birth defects like mental retardation and blindness. For 65 years, the March of Dimes has been working toward the day when no innocent baby must face these tragedies, with pioneering research and innovative prevention programs that have saved millions of babies from death or disability. Together, we can find answers and give all babies a fighting chance.

Statement of Support

The March of Dimes commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the March of Dimes commits to look for specific opportunities in the future to address the goals below. The March of Dimes will begin, improve, or expand activities related to the goals. The March of Dimes will seek or strengthen public health partnerships in order to facilitate reaching the goals. The March of Dimes will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The March of Dimes educates women of child-bearing age in Texas about the recommended amount of folic acid that should be consumed daily to help prevent neural-tube birth defects. The March of Dimes also educates women prior to pregnancy and during pregnancy about the benefits of healthy eating and safe exercise for the pregnancy and the fetus.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

The March of Dimes will launch a Prematurity Campaign in 2003. As part of this campaign the March of Dimes will work to increase resources and education related to the dangers of smoking during pregnancy. The March of Dimes is supporting local Smokefree Texas Coalitions. The March of Dimes is currently supporting a campaign that encourages businesses in Texas that are licensed to sell alcohol to voluntarily post warning signs about the dangers of drinking alcohol during pregnancy.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

The March of Dimes supports the Texas Birth Defects Monitoring Division for information related to the incidence and prevalence of birth defects in Texas, including those that could be caused by environmental hazards.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*



The March of Dimes provides education and services related to sexually transmitted infections to women and their partners prior to conception and during pregnancy.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

The March of Dimes collaborates with health partners across Texas to coordinate services for women and infants with the goal of improving the outcome of pregnancy.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The March of Dimes collaborates on local and state levels to improve access to perinatal health services in Texas. This includes addressing unique access barriers such as culture, language, transportation, and system barriers.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

The March of Dimes works with local, state, and national government to ensure access to public health services for mothers and babies. Current legislative priorities include birth defects surveillance, immunizations, newborn screening, and the Children's Health Insurance Program.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The March of Dimes provides a variety of continuing education and training opportunities for health professionals and community health workers providing services to women and infants in Texas.



The Medical Institute for Sexual Health

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Mission and Purpose

The Medical Institute for Sexual Health identifies, evaluates, and communicates credible scientific data in practical, understandable, and dynamic formats to promote healthy sexual decisions and behavior in order to dramatically improve the welfare of individuals and society.

Statement of Support

The Medical Institute for Sexual Health commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Medical Institute for Sexual Health commits to look for specific opportunities in the future to address the goals below. The Medical Institute for Sexual Health will begin, improve, or expand activities related to the goals. The Medical Institute for Sexual Health will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Medical Institute for Sexual Health will periodically report its progress toward activities related to the following goals to its public health partners.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Provide programs, materials, and scientifically and medically accurate information to assist and enable avoidance of risky sexual behavior, rather than merely a reduction of the attendant risk.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

Provide a clinical intervention program to train and educate the public health system workforce to enable workers to impart information about and promote the practice of optimally healthy sexual behavior to their clients.



National Association of Social Workers / Texas Chapter (NASW/Texas)

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Mission and Purpose

The National Association of Social Workers / Texas Chapter (NASW/Texas) is a professional membership association that advocates for social workers, advances the profession of social work, and promotes sound public policy that is designed to ensure that human needs are met.

The members of NASW/Texas envision Texas as a state where the basic human needs of each individual are met, where all people are treated with dignity, where caring communities are supported, where diversity is valued, and where social workers are involved in every facet of planning, policy, and the service delivery system.

Statement of Support

NASW/Texas commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, NASW/Texas commits to look for specific opportunities in the future to address the goals below. NASW/Texas will begin, improve, or expand activities related to the goal NASW/Texas will seek or strengthen public health partnerships in order to facilitate reaching the goals. NASW/Texas will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

NASW/Texas will encourage social workers working with children and families to provide information related to the importance of healthy

eating habits and physical activity.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

NASW/Texas will support funding for activities related to informing Texans about the consequences of risky behaviors. NASW/Texas will work to ensure access to adequate information designed to educate the public about the benefits of avoiding risky behaviors.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

NASW/Texas will work to educate legislators and other policy makers about the critical need for adequate mental health treatment facilities and insurance coverage for mental health treatment, as well as policies designed to ensure access to adequate housing, healthcare, etc.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

NASW/Texas will work to promote the use of social workers in schools in Texas as an effective way to remove community and family barriers to education.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

NASW/Texas will lobby for public policies designed to regulate pollution.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*



NASW/Texas will promote adequate funding for immunizations.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

NASW/Texas will promote policies designed to ensure an adequate public health system.



Parkland Health & Hospital System

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Mission and Purpose

Parkland Health & Hospital System includes Parkland Memorial Hospital, Community Oriented Primary Care, Parkland Community Health Plan, Inc., and the Parkland Foundation. Parkland Memorial Hospital is the primary teaching institution of The University of Texas Southwestern Medical School and is often rated among the best hospitals in the United States. Because of Parkland's affiliation with the medical school, paying and non-paying patients alike have access to top quality medical care. As Dallas County's only public hospital, Parkland ensures that healthcare is available to all area residents.

Parkland's primary mission is to make healthcare available to all Dallas County residents.

Parkland's network of nine neighborhood-based health centers provides primary care to reduce illness and death rates from preventable diseases in low-income areas.

Parkland's Regional Burn Center, established in 1962, pioneered skin graft techniques, infection control and nutritional support for burn patients.

Parkland delivers more babies each year than any other hospital in the country. Its Neonatal Intensive Care Unit cares for more critically ill infants than any other hospital nationwide.

Statement of Support

The Parkland Health & Hospital System commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In

addition, the Parkland Health & Hospital System commits to look for specific opportunities in the future to address the goals below. The Parkland Health & Hospital System will begin, improve, or expand activities related to the goals. The Parkland Health & Hospital System will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Parkland Health & Hospital System will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Parkland feels strongly that nutrition and exercise goals are part of the overall health of its patients in the community. Parkland employs nutritionists and health educators at its community oriented primary care (COPC) health centers to help bring this knowledge and these health practices to our patients. Parkland will continue to support this goal in the future.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Parkland is committed to reducing tobacco use among our patients and employees. Parkland provides smoking-cessation classes at some of its COPC health centers. Additionally Parkland contributes considerable resources to reduction of risky sexual behavior through its Youth and Family Centers. Parkland expects to continue these programs in the future.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*



At Parkland, psychiatric, psychological, and social work services are provided at all its COPC health centers. Additionally, Parkland participates in and staffs several community collaborations aimed at improving community structures. Parkland is also currently involved in a seniors' outreach program, funded by the Texas Department of Health, to reach out to seniors who are isolated and connect them with needed services within their community. Parkland anticipates continuing these efforts.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Parkland currently operates 10 school-based clinics. The main tasks of these clinics are to make healthcare more available to students, to reduce absenteeism due to illness, and to identify medical problems that can improve student health. Additionally, Parkland provides several programs designed to encourage students to choose healthcare as their profession. These programs assist students through part-time employment, other employment programs, and scholarships.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

Currently Parkland is participating in a lead-screening program funded by the Texas Department of Health. This program is aimed at identifying the burden of illness in residents located within communities where lead smelters operated for a number of years. One of these communities was an EPA Superfund cleanup site. Parkland hopes to be able to continue to work within these communities to reduce the burden of illness within these populations and to work with the Texas Environmental Health Institute to improve the environment of all Texans. Parkland has a commitment to the improvement of air quality in North Texas. Parkland has several

asthma programs within its COPC health centers and works cooperatively with the University of Texas–Southwest through grants from the National Institutes of Health. Parkland also maintains the North Texas Poison Control Center that helps prevent and identify acute poisonings among the residents of North Texas.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

As a major healthcare provider in Dallas County, Parkland provides extensive outreach programs for childhood immunizations. Through its COPC system, Parkland attempts to make sure that all children born at Parkland receive the necessary immunizations by their second birthday. Parkland also provides numerous back-to-school immunization programs at no cost to the residents of Dallas County. Additionally, Parkland provides flu and pneumonia vaccines for its employees and patient populations with flu vaccine drives every fall.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

Parkland will promote and support the development of public health policies and statutes to improve the health of the residents of Dallas County. Through the Dallas County Hospital District, Parkland is committed to providing health services to the residents of Dallas County regardless of their ability to pay.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*



Parkland currently works closely with all the public health entities in Dallas County, whether public, for-profit or nonprofit. Parkland also is a major provider of public health services by providing primary healthcare to the indigent of Dallas County. Parkland provides space for health department programs throughout its COPC health centers and collaborates on major public health initiatives such as bioterrorism. Parkland will be glad to provide a model for indigent care and public health sources for other areas of the state.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

Parkland currently works collaboratively with the public health entities of Texas, and will be responsive to communicate the functions and programs of the public health system throughout North Texas.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

Parkland serves in partnership with the University of Texas–Southwest Medical School as a major teaching hospital. Parkland has had a decades-long commitment to medical, nursing, allied health, and healthcare administration education. In the future Parkland will continue this tradition, and hopes to build closer ties to the new Dallas branch of the University of Texas School of Public Health and to other public health and healthcare schools.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

Parkland supports and encourages a funding system for public health that will be responsive

to emerging challenges without depleting funding for needed programs.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

Within the framework of HIPAA requirements, Parkland supports electronic data collection and surveillance systems. As an important regional trauma center, Parkland has worked with local and state public health agencies to speed the flow of information that could lead to earlier detection of bioterrorism or other events of public health importance.



Paso del Norte Health Foundation

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Mission and Purpose

The Paso del Norte Health Foundation (the Foundation) believes in the power and beauty of connections. Forming thousands of connections in the region since its inception in 1995, those at the Foundation continue to make it their mission to create stronger collaborations through each of their initiatives, partnerships, and staff within the border region to affect long-term improvements in the health status of the population through education and prevention.

Statement of Support

The Foundation commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Foundation commits to look for specific opportunities in the future to address the goals below. The Foundation will begin, improve, or expand activities related to the goals. The Foundation will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Foundation will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

This is a primary focus of the Foundation. Many of the Foundation's major initiatives incorporate nutrition and physical activity into their programs. The Walk El Paso, Doña Ana, and Otero programs inspire and mobilize the sedentary population.

The Foundation's Coordinated Approach To Child Health (CATCH) addresses both of these concerns in elementary school-aged children. The Foundation's nutrition initiative, Qué Sabrosa Vida ('What a delicious life') promotes healthier eating habits. Qué Sabrosa Vida is currently funded on both sides of the U.S. and Mexican border.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

The Foundation supports this goal through programs such as Smoke Free Paso del Norte, which promotes a reduction of smoking in the Paso del Norte region. The program "It Takes Two" offers an abstinence-based approach to the prevention of teenage pregnancy.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

The Foundation understands the concerns regarding mental health and provides assistance through our healthy seniors initiative (Ageless Health). This initiative focuses on independent living and prevention of isolation of persons 60 years of age and older.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

Environmental issues that relate to health are a major component of the Foundation's mission. Our region is unique in that we must face these issues in New Mexico and Mexico as well as Texas. Hazards regarding the environment have no boundaries; therefore, the Foundation has several initiatives that address these concerns.



Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

In the past, the foundation has supported programs to increase the immunizations of children. Currently our efforts are directed through our Ageless Health initiative to promote immunization of our senior population.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

In support of a proposed four-year medical school in our community, the Foundation board recently approved a financial grant to help fund future physicians in the Paso del Norte region.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

The Foundation developed the Center for Border Health Research (CBHR) in 1998. The purpose of CBHR is to encourage research efforts in health that are conducted in this region and to ensure that there is a sound, well coordinated research agenda that leads to improvements in the health status of the border population.



People Attempting To Help (PATH)

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PATH will continue to partner with the Smith County Health Department for the purposes of prescriptions and referrals.

Mission and Purpose

The mission of People Attempting to Help (PATH) is to serve, through well equipped volunteers, the economically challenged people in Smith County with both emergency assistance and programs to empower and encourage them to become productive citizens.

Statement of Support

PATH commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, PATH commits to look for specific opportunities in the future to address the goals below. PATH will begin, improve, or expand activities related to the goals. PATH will seek or strengthen public health partnerships in order to facilitate reaching the goals. PATH will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

PATH will provide up to a four-day supply of emergency food for families in need, providing adequate nutrition for those families. PATH also will deliver bags of staple groceries to homebound elderly and disabled individuals.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*



Preparedness Coordinating Council (PCC)

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Mission and Purpose

The purpose of the Preparedness Coordinating Council (PCC) is to provide advice and assistance to the Texas Department of Health in coordinating efforts to prepare the state of Texas to deal with bioterrorism attacks, other infectious disease outbreaks, and additional public health threats and emergencies.

Statement of Support

PCC commits to be a leader in protecting and promoting the health of Texans. PCC commits to look for specific opportunities in the future to address the Partnership's goals. PCC will begin, improve, or expand activities related to the goals. PCC will seek or strengthen public health partnerships in order to facilitate reaching the goals. PCC will periodically report its progress toward activities related to the Partnership goals to its public health partners.

PCC had not yet formed at the time of submission of this commitment. The final rules for the council were approved by the Texas Board of Health at its January 2003 meeting.

Given the purpose of PCC as stated above, it is clear that PCC will be interested in helping Texas achieve several of the 12 goals. PCC will consider goals C, E, G, H, I, J, K, and L below in making a more specific commitment to Texas after PCC members meet and consider the Partnership's goals in state Fiscal Years 2003–04.

***Goal C:** Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

***Goal E:** Reduce health threats due to environmental and consumer hazards.*

***Goal G:** By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

***Goal H:** By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

***Goal I:** By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

***Goal J:** By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

***Goal K:** By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

***Goal L:** By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*



Preventive Health & Wellness Group, Inc.

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Mission and Purpose

The Preventive Health & Wellness Group commits to the state of Texas to forming a partnership to increase osteoporosis awareness, providing education and stressing the importance of prevention and early detection as the best protection in the fight against osteoporosis. The Preventive Health & Wellness Group commits to providing mobile bone mineral density testing to high-risk groups assisting physicians in drug monitoring therapy. The Preventive Health & Wellness Group will also commit to providing these services to underserved areas and populations.

Statement of Support

The Preventive Health & Wellness Group commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Preventive Health & Wellness Group commits to look for specific opportunities in the future to address the goals below. The Preventive Health & Wellness Group will begin, improve, or expand activities related to the goals. The Preventive Health & Wellness Group will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Preventive Health & Wellness Group will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The Preventive Health & Wellness Group, Inc., will commit to provide nutritional education on daily requirements to maintain healthy bones.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

The Preventive Health & Wellness Group, Inc., will commit to provide mobile bone mineral density testing throughout the state of Texas.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The Preventive Health & Wellness Group, Inc. has proposed to commit to the state of Texas mobile bone mineral density testing to underserved areas and underserved populations.



San Angelo Health Access Coalition

Contact: Alan Prest, Local Resource
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San Angelo, TX 76904
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Mission and Purpose

The San Angelo Health Access Coalition (the Coalition) is a loose affiliation of community leaders intent on improving the access and affordability of healthcare in San Angelo and Tom Green County. It is a nonprofit corporation in the State of Texas. It exists to achieve the following:

Vision: 100 percent access and zero health disparities.

Goal: To explore ways to improve access and affordability of healthcare for the working poor and uninsured or underinsured.

Purpose: To plan, put in place, and then evaluate strategies that improve access to primary care, dental care, and mental healthcare, and that address health issues in San Angelo and Tom Green County.

Current strategies include:

- (1) Exploring physician interest in a Project Access–like initiative providing coverage for a portion of the uninsured through a coordinated voluntary system.
- (2) Expanding access to primary-care services through Esperanza Health & Dental Centers.
- (3) Exploring innovative, affordable health insurance products for small employers.
- (4) Supporting the diabetes collaborative seeking to prevent or reduce the burden this disease has on area children and adults.

- (5) Implementing the “San Angelo Area Community Network Health and Human Services” portion of the Web site.
- (6) Spreading the word and information from the Regional Health Status Assessment.
- (7) Representing the Coalition in Texas.
- (8) Exploring other good ideas as they arise within our coalition.

Statement of Support

The Coalition commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Coalition commits to look for specific opportunities in the future to address the goals below. The Coalition will begin, improve, or expand activities related to the goals. The Coalition will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Coalition will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The Coalition’s partners are active in this area. Shannon Medical Center and the San Angelo Community Medical Center have very active wellness programs for the community. There is an opportunity to design and implement enjoyable programs for people with few monetary resources.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*



One coalition member, Shannon Health System, offers the Right Choices for Youth program in conjunction with the local school system. The Coalition has a collaborative working to reduce the risk factors that lead to the early onset of type 2 diabetes. The Coalition will continue to look for opportunities to collaborate with local organizations that help people enact healthy lifestyle habits.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

The Coalition played a significant role in the establishment of Tom Green County's Mental Health Deputy Unit and designation of three local Crisis Stabilization Units. Representatives of the local Texas Department of Mental Health and Mental Retardation office have been active in the Coalition's efforts. The Coalition will continue to partner with area mental health organizations to ensure that all citizens have access to the highest quality of mental health services.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Many partners in the Coalition are collaborating to promote health careers to area youth. Significant improvements in training in the health sciences and nursing have been developed at the West Texas Training Center at both the high school and the junior college levels. The Coalition will continue to work together to help youth in the region to learn about and to consider career opportunities in healthcare. The San Angelo Area Community Network is focused on making information technology and computer education available to the underserved. The Coalition is a

partner in this effort. The Coalition will consider other opportunities as they arise to help TDH carry out this strategy in our community.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

The Coalition will partner with the city and county health departments, Esperanza Health and Dental Centers, local school systems, and other appropriate agencies to reach a 100 percent immunization rate in our community by 2010.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

The Coalition will continue to support the efforts of our city and county health departments, which are active members of the Coalition.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

The Coalition will provide feedback on how the current system constrains our ability to meet local healthcare needs and make recommendations for consideration.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

The Coalition will be a partner in the design and implementation of such a system.



San Antonio Metropolitan Health District (SAMHD)

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Web site: <<http://www.sanantonio.gov/health>>

Mission and Purpose

The mission of the San Antonio Metropolitan Health District (SAMHD) is to promote health and prevent disease among the residents and visitors of San Antonio and unincorporated areas of Bexar County through community health assessment, identification of unmet health needs, development of policies to meet those needs, and assurance that needs are met through the development of public-private partnerships and/or the direct provision of services.

SAMHD is the single public agency charged by state law, city code, and county resolution with the responsibility for public health programs in San Antonio and unincorporated areas of Bexar County. Although SAMHD is a city/county organization, administrative control is under the city of San Antonio, and SAMHD is operated as a city department. SAMHD services include: preventive health services, health code enforcement, clinical services, environmental monitoring, animal care, disease control, health education, dental health, maintenance of birth and death certificates, emergency preparedness and response, and training.

SAMHD is presently organized into four service components for control and coordination of activities. The four service components are: (1) Administrative and Support Services, (2) Food and Environmental Health Services, (3) Personal/Family Health Services, and (4) Special Operations and Dental Services. Each of the four service components is managed by an administrator who reports to the Director of Health.

Statement of Support

SAMHD commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, SAMHD commits to look for specific opportunities in the future to address the goals below. SAMHD will begin, improve, or expand activities related to the goals. SAMHD will seek or strengthen public health partnerships in order to facilitate reaching the goals. SAMHD will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

SAMHD maintains active involvement in the Bexar County Community Health Collaborative to improve the health status of the community by promoting the Fit City / Fit Schools program. This citywide initiative was designed in partnership with several agencies to help area residents slim down and promote better fitness among them. The SAMHD also provides education on nutritious foods and nutrition to qualified pregnant, breastfeeding, and postpartum women, and to children less than 5 years of age through the Special Supplemental Nutrition program for Women, Infants and Children (WIC). In addition, the SAMHD Medical Services and Nursing Division provides age-appropriate nutrition education to patients during clinic visits.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

SAMHD is currently supporting the Smokefree San Antonio Coalition, which is a group of health agencies, companies, institutions, and civic-minded individuals dedicated to protecting the health of the community by eliminating tobacco smoke in



all public places. The SAMHD HIV/AIDS/STD Division provides ongoing counseling, case management, surveillance, and education services in an effort to prevent or reduce the incidence of sexually transmitted diseases. SAMHD is also the lead agency for Project Worth, an initiative designed to help the youth of San Antonio and Bexar County make healthy choices and postpone pregnancy. The Social Detox Program is a collaborative effort between SAMHD and The Patrician Movement. This program provides medical, physical, and psychological support to individuals who are experiencing withdrawal due to the cessation or reduction of drug or alcohol abuse.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

SAMHD is currently working with the University of Texas Health Science Center at San Antonio to research and establish better connections between public health and mental health with respect to interpersonal violence. SAMHD has also established a partnership with the San Antonio Police Department to provide a variety of interventions following reports of interpersonal violence. SAMHD, in collaboration with the Bexar County Community Health Collaborative, is working to develop a community initiative to prevent youth depression. In addition, SAMHD developed the Arrestee Drug Abuse Monitoring (ADAM) Program over 10 years ago, which surveys incarcerated adolescents and adults to establish a profile of drug abusers within Bexar County. The survey is administered quarterly at the Bexar County Jail and the Juvenile Detention Center, and seeks to better understand the social and mental issues or influences surrounding drug use.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

SAMHD maintains a close working relationship with the Library Department and the Department of Community Initiatives to promote the programs of the Literacy Services Division, which provides a variety of adult literacy services to the community. SAMHD actively promotes literacy services throughout all of the public health clinics.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

The Food and Environmental Health Services component of SAMHD is charged with providing an environmentally safe place for the residents and visitors of Bexar County. This service component comprises the Environmental Health Division, the Environmental Health and Wellness Center, the Public Center for Environmental Health, the Food Inspection Division, and the Vector Control Division. The services provided include inspection of public facilities for conditions that may lead to injury or illness, physical screening of at-risk populations for environmental exposures, regular inspection of food establishments, and insect and rodent control on public property.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

SAMHD Immunization Division provides routine childhood, adult, and travel immunizations to a host of community partners including Well Child Clinics, WIC clinics, the downtown Immunizations Clinic, day care centers and Head Start program locations. Routine immunizations are available on a walk-in basis during scheduled clinic days around the city.



Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

SAMHD completed the National Public Health Performance Standards Survey in 2002 to evaluate the practice of public health within the local health department and among the entire public health system in San Antonio. SAMHD is currently working to develop a system improvement plan based on the findings of the survey.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

SAMHD has initiated several coalitions and alliances among governmental and non-governmental partners in an attempt to meet the public health needs of the community. Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. SAMHD has successfully partnered with over 100 governmental and non-governmental community agencies to carry out the MAPP process. The Healthy Start Consortium is another example of community partnership among governmental and non-governmental agencies. The purpose of the Healthy Start Consortium is to bring leaders to the table to make real, systemic change to the perinatal healthcare delivery system. The consortium has developed bylaws and instituted subcommittees to work toward decreasing infant deaths within the community. The Immunization Division has also developed partnerships to carry out the Racial & Ethnic Adult Disparities in Immunization Initiative. SAMHD has taken a leadership role in this effort, by bringing together over 14 governmental and non-governmental

partners to help eliminate the disparity in immunization coverage for Hispanic senior citizens.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

The SAMHD, through the Mobilizing for Action through Planning and Partnerships (MAPP) process, is working to communicate a better understanding of the public health system to the partners and community members.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

SAMHD encourages staff to engage in opportunities for continuing education, both internal and external. SAMHD sponsors the Public Health Grand Rounds Series, which provides presentations on current public health topics to the community as well as to staff. In addition, the Nursing Division provides continual training and nursing CEUs to staff. SAMHD is currently looking into purchasing a satellite dish in order to provide training via satellite downlink. In 1992, SAMHD entered into an agreement with the United States Air Force School of Aerospace Medicine to provide a residency practicum in preventive medicine and public health. This allows SAMHD to provide a month-long learning experience to all residents in the School of Aerospace Medicine. SAMHD plans to continue this partnership with the Air Force, as well as providing other internship opportunities to local college and university students.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*



SAMHD annually conducts extensive data collection and analysis of local public health indicators, which is compiled into an annual health profile. This report is accessible to the public on the SAMHD Web page at <<http://www.sanantonio.gov/health/profiles>>. In addition, every four years SAMHD, in collaboration with the Bexar County Community Health Collaborative, conducts a more comprehensive community health assessment, intended to serve as a comprehensive report of local health. Data are gathered in English and Spanish using a variety of means, including telephone calls, door-to-door surveys, focus groups, and existing data. These data are also accessible to the public on the SAMHD Web page as well as the Bexar County Community Health Collaborative Web page.



School of Rural Public Health, Texas A&M University System–Health Science Center

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Mission and Purpose

Mission: To improve the health of communities, with emphasis on rural and underserved populations, through education, research, service, outreach, and creative partnerships.

Vision:

The School will operate as a traditional school of public health, grant a Master of Public Health, a Master of Science in Public Health, and a Master of Health Administration, and comply with accreditation criteria and standards set by the Council on Education for Public Health, the sole accrediting body for public health schools and programs.

The vision of the School of Rural Public Health is to promote healthy communities and environments through collaboration with communities, organizations, other academic institutions, professionals, and citizens; strengthen the capacity of health professionals to enhance the health of the public through consultation, skill development and education; pursue high quality basic and applied research to strengthen public health knowledge and interventions; and support the provision of public health and health services.

Consistent with the history and heritage of the state's only land-grant institution, this school of public health will work with small, remote, rural Texas communities to establish and enhance public health programs, skills, and services.

Statement of Support

The School of Rural Public Health, Texas A&M University System–Health Science Center (the School) commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the School commits to look for specific opportunities in the future to address the goals below. The School will begin, improve, or expand activities related to the goals. The School will seek or strengthen public health partnerships in order to facilitate reaching the goals. The School will periodically report its progress toward activities related to the following goals to its public health partners.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Expand the base of creative partnerships in support of public health through strong formal and continuing education programs.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

Improve the health of Texans through programs that include information on the public health system.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

Support the development of the future public health work force through formal educational programs. Improve the competency and capacity of the present public health workforce through strong formal and continuing education systems.



Smith County Public Health District

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 Web site: <<http://www.healthdistrict.net>>

Mission and Purpose

The Smith County Public Health District's (the Health District) mission is "... to provide networks and develop partnerships that assess, protect, and promote healthy living." The mission is under review, as a part of a strategic planning process, by internal and external stakeholders and may change to "... promote community health."

The Health District provides services in 13 counties in a variety of programs and partnerships, which include a mobile healthcare unit, WIC, disease surveillance, Mother Friendly Business promotion, and HIV education and outreach. Because it is a comprehensive health district, a full spectrum of services is provided at the home base sites in Smith County including environmental health services, a regional laboratory (milk and water testing), Children's Health Insurance Program and Texas Health Steps outreach, vital statistics, breast health services, family planning, child health and dental care, TB and STD clinics, HIV/AIDS primary health and dental care, health promotion, immunizations, a parish nurse program, lead poisoning prevention, animal and vector control, a rabies authority, a primary-care clinic, and a health authority. The district is the safety net for low-income, uninsured, and underinsured patients with 50,000 clinical visits from over 20,000 patients from Smith County and surrounding counties.

Statement of Support

The Health District commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined

below under each goal. In addition, the Health District commits to look for specific opportunities in the future to address the goals below. The Health District will begin, improve, or expand activities related to the goals. The Health District will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Health District will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

- (1) The Health District has developed and promoted the seven habits for healthy people (eat well — do breakfast, moderate exercise, adequate sleep, no smoking, moderate weight, little or no alcohol, and avoid risky behaviors) through its Web page and other media.
- (2) The Health District will partner with the local medical society alliance and schools in promoting and delivering the CATCH program.
- (3) The Health District will continue and develop further the Heart Friendly Discount Incentive for restaurants and other food establishments as a part of the establishment permitting process while promoting cardiovascular disease prevention.
- (4) The Health District will continue efforts as a leader in the Safe Kid Coalition promoting bike helmets and car seat programs.
- (5) The Health District will continue to support efforts to enhance walking or bike trails in the community.



- (6) The Health District will participate in or lead efforts in community walks such as the Walk for Diabetes, Heart Walk, Arthritis Walk, etc.
- (7) The Health District will continue partnership with the Be Safe organization and magazine addressing health and safety issues to parents of elementary school children with a free magazine taken home to parents, and will partner in multiple health fairs.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

- (1) The Health District will continue the efforts and promotion of voluntary nonsmoking restaurants by offering a no-smoking discount for restaurants that are totally smoke-free. This is a part of the District's food permitting process to promote cancer and cardiovascular disease prevention.
- (2) The Health District will continue HIV/STD education as a part of its clinical activities.
- (3) The Health District will promote abstinence education with Physicians for a Higher Standard, schools, and others to address teen pregnancy and the high rates of STDs in youth.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

- (1) The Health District will continue to use licensed professional staff with training

for counseling in the primary care clinics; continue counseling for HIV/AIDS patients with Tyler AIDS Services; and increase hours where possible.

- (2) The Health District will partner with local MHMR facilities under Rural Health Grants to relieve overburdened facilities with growing numbers of low income or indigent patients who cannot be accommodated.
- (3) The Health District will continue to partner with Champions for Children in the Red Bear Program to deal with troubled children in the day-care environment; provide education and training for day care-center workers.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

- (1) The Health District will continue working with partners to promote literacy. These partners include the Hispanic Association of East Texas, school districts, and the Literacy Council. Much of the emphasis is on the District's expanding Hispanic population.
- (2) The Health District will continue to offer public health rotations or clerkships for clerical, nursing, and other health professions, working with local colleges and schools.
- (3) The Health District will continue the family practice rotation in public health offered with the University of Texas Health Center at Tyler. The tenth family practice resident starts January 2003.
- (4) The Health District will continue serving as mentors in various careers by hiring



individuals from the community it serves and training them for the District's purposes, and for future employment elsewhere.

- (5) The Health District will continue to promote literacy programs such as Reach Out and Read and Books for Shots. Both provide books to children who are patients in participating clinics. Reach Out and Read, along with the District's partner clinics, addresses children under age 5 who present for well-child exams. Books for Shots is a health district initiative providing a new or gently used book to each child, regardless of age, reporting for immunizations. Nearly 10,000 books have been provided since the program began. The district plans to become a Reach Out and Read site.
- (6) The Health District will increase presentations with Smith County and other local PTAs to support ongoing literacy efforts.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

- (1) The Health District will continue its Environmental Health food safety program with an aggressive inspection program especially for high-risk food service establishments.
- (2) The Health District will continue Food Management Training and Food Service Worker training courses.
- (3) The Health District will continue its multi-county efforts in disease surveillance and bioterrorism defense (Smith, Wood, Rains, Henderson, and Van Zandt Counties).
- (4) The Health District will continue its door-to-door random visits for lead

poisoning education with bilingual staff to neighborhoods with older homes and probable lead presence, in order to increase awareness.

- (5) The Health District will continue its program to prevent childhood lead poisoning to screen or test all children presenting at the St. Paul Children's Clinic.
- (6) The Health District will continue regional laboratory testing efforts to ensure safe milk and water.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

- (1) The Health District will continue participation as a major participant in the Smith County Shots Across Texas Coalition.
- (2) The Health District will develop interest in partner counties for creation of additional local Shots Across Texas Coalitions.
- (3) The Health District will continue to offer free immunizations twice a year to all children during National Immunization Week; continue to offer free immunizations to all children under 100 percent of the Federal Poverty Level at all times.
- (4) The Health District will continue efforts in disease surveillance to identify and contain infectious disease.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

- (1) The Health District will develop a legislative component for the local board of health and the health district.



- (2) The Health District will recognize the local support provided by the City of Tyler and Smith County.
- (3) The Health District will participate in professional organizations with a public health agenda.
- (4) The Health District will consider expansion of the health district to include counties without a local health department.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

- (1) The Health District will continue the partnerships that exist and develop others as needed. Many of the existing partnerships are outlined on the District's Web page at <<http://www.healthdistrict.net>>. Some examples follow:
 - (a) Children's dental partnership — 60 years with the Health District, the Dental Society, and Kiwanis.
 - (b) Breast health network — Partners who regularly meet to ensure women have access to breast health services. Partners include the Health District, the Komen Foundation, the American Cancer Society, all hospitals, and the National Black Leadership Initiative on Cancer. A brochure detailing services and providers in a matrix format was a product. The Health District is the grant holder for \$140,000 in funds to pay for services to prevent breast cancer for women seen by all providers in Smith County.
 - (c) Tuberculosis care — A partnership between the University of Texas

Health Center at Tyler and the health district.

- (d) Women's health and prenatal care — A partnership of over eight years to ensure that women receive prenatal care and other clinical services with a locally developed continuum of care that has improved indicators, especially those concerning minorities. Family planning (SCPHD), prenatal care (the Family Care Center), delivery (Mother Frances Hospital), postpartum and home visits (SCPHD), high-risk case management (SCPHD), and back to family planning.
- (e) Web page — Provided at no cost by a local Internet provider, Broadway Internet. See <<http://www.healthdistrict.net>>.
- (f) Child health — The St. Paul Foundation provides the facility, with maintenance and utilities included, and the Health District provides the staff and supplies. The building was built via a community fundraising effort and the keys turned over to the Health District.
- (g) Parish nurse program — Created by Health District staff targeting the African-American community with 30 churches at some level of involvement. Two professional associations were created: one for the ministers and the other for the nurses.
- (h) Mobile healthcare unit — Partnership between the St. Paul Foundation and the health district to provide primary care in seven counties. The foundation received the



grant and had it assigned to the health district for its operation and staffing. The counties served have one or two churches whose staffers schedule the patients for health district staff to treat. A Telecommunications Infrastructure Fund grant received by the health district will allow a computer workstation and Internet connection for each site to further the partnership.

- (i) And many more.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

- (1) The Health District will be preparing a strategic plan and a service improvement plan with the involvement of the internal and external stakeholders who make up the public health system.
- (2) The Health District has a media plan and regular press releases with an excellent relationship with local media including: the two major TV stations, the major newspaper, four African-American newspapers, a Hispanic newspaper and a number of radio stations.
- (3) A Listserv for the media in the District's service area is used on a regular basis.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

- (1) The Health District will continue the family practice rotation in public health offered with the University of Texas Health Center at Tyler. The tenth family practice resident starts January 2003.

- (2) The Health District will participate in the peer review initiated by TALHO.
- (3) With nearly 170 staff in a variety of career tracks and professions, the Health District will work to formalize training where established certifications or licenses are not available. The District supports continuing education of staff with funding and time. Public health– or job-specific training, when available, is used.
- (4) The Health District will continue to work with schools and universities to allow on-site clerkships or internships where appropriate mentors are available.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

This goal is vital to locals attempting to respond to emerging issues with the current silos. This Health District is fortunate to have significant (but not sufficient) local funds that can be used to flex its funding to maximize effect. Much progress over the last eight years has been due to flexibility and local support of its programs.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

The Health District supports real-time data that will allow better decisions to be made. The Texas Health Status Indicators are a good first step. The health district director has been involved in the Public Health Improvement Process to date and will remain involved in the out years. Involvement of locals in the development of data systems that they will use is vital to their success and usefulness.



The Social & Health Research Center (S&HRC)

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Mission and Purpose

The Social & Health Research Center (S&HRC) is a nonprofit organization committed to the social and health well-being of populations at risk. Recent studies are reporting an increasing number of low-income children being diagnosed with type 2 diabetes. The purpose, therefore, is to reverse hyperglycemia in diabetic children and to prevent hyperglycemia in at-risk children.

Statement of Support

S&HRC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal A. In addition, S&HRC commits to look for specific opportunities in the future to address that goal. S&HRC will begin, improve, or expand activities related to the goal. S&HRC will seek or strengthen public health partnerships in order to facilitate reaching the goal. S&HRC will periodically report its progress toward activities related to the goal to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The S&HRC presently implements Bienestar in 63 elementary schools with at-risk children. Bienestar students, when compared to non-participating students, have significantly decreased fat intake, have increased fiber intake, and have increased physical fitness levels. For three consecutive years, Bienestar has restored normoglycemia in children with abnormal glucose levels.



St. Luke's Episcopal Health Charities

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Web site: <<http://www.slehc.org>>

Mission and Purpose

Mission Credo — Advancing Community Health: Body, Mind, and Spirit. An expression of the healing ministry of the Episcopal Diocese <<http://www.epicenter.org>> and the St. Luke's Episcopal Health System <<http://www.sleh.com>>, St. Luke's Episcopal Health Charities will increase opportunities for health promotion and disease prevention, especially among the underserved, making possible systemic change and measurable enhancement in overall community health status and individual well-being.

Core Values

The whole person: body, mind, and spirit
The whole community
Wellness

Working Values

Informed action
Collaboration
Empowerment

Statement of Support

St. Luke's Episcopal Health Charities commits to be a leader in protecting and promoting the health of Texans. St. Luke's Episcopal Health Charities commits to look for specific opportunities in the future to address the Partnership's goals. St. Luke's Episcopal Health Charities will begin, improve, and/or expand activities related to the goals. St. Luke's Episcopal Health Charities will seek and/or strengthen public health partnerships in order to facilitate reaching the goals. St. Luke's Episcopal Health Charities will periodically report its progress toward activities related to the Partnership goals to its public health partners.



Southwest Texas State University, Department of Health, Physical Education and Recreation (HPER)

Contact: Dr. Robert Pankey, Chair of Health, Physical Education and Recreation (HPER)
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Web site: <<http://www.hperd.swt.edu>>

Mission and Purpose

Vision Statement

Our vision in the Department of Health, Physical Education and Recreation (HPER) at Southwest Texas State University (SWT) is to enhance our regional and national reputation of the programs within Health, Physical Education, and Recreation through quality teaching, research, and service.

Mission Statement

Our mission, as a diverse department of Health, Physical Education and Recreation, is to provide a learning environment that:

- fosters independent critical thinking and effective problem solving;
- includes faculty who are committed to: quality teaching service to students, professional and community research, and other scholarly activities that promote cultural and intellectual diversity;
- promotes collaborative, integrative efforts among faculty, staff, and students;
- demonstrates and promotes a healthy balance between attention to personal and professional needs;
- seeks to develop students who can demonstrate: critical thinking and problem-solving

skills, innovation and creativity, healthy and well-balanced lifestyles including the development of lifetime leisure and sports skills, a commitment to professional competence and integrity, compliance to (eligibility for) professional certification / licensure standards, and a willingness to embrace opportunities for community involvement;

- recruits and retains diverse faculty and staff; and
- promotes graduates who can successfully educate, teach, and train others in: the prevention and care of athletic injuries; the technical, aesthetic, philosophical, and intellectual aspects of dance; a school physical education program that meets guidelines for a physically educated person, as well as state and local requirements; strategies and techniques for health promotion; the practical and/or scientific application of physical activity and exercise science to the health and fitness of individuals; and the purpose and benefits of the effective use of recreation and leisure and its relationship to an individual's quality of life.

Statement of Support

HPER at Southwest Texas State University commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, HPER commits to look for specific opportunities in the future to address the goals below. HPER will begin, improve, or expand activities related to the goals. HPER will seek or strengthen public health partnerships in order to facilitate reaching the goals. HPER will periodically report its progress toward activities related to the following goals to its public health partners.



Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

- Provide students at SWT with accurate, useful, and current information about school health education, pedagogy, and curricular content materials.
- Provide students at SWT with accurate, useful, and current information about community health and health and wellness promotion.
- Provide quality internship opportunities for students at SWT to apply their knowledge and skills in a health related environment.
- Provide quality student teaching opportunities for students at SWT to apply their knowledge and skills in the health education classroom.
- Encourage students at SWT to become actively involved in professional organizations and encourage their active participation as both a student and as a professional.
- Increase efforts to promote the Jessie Helen Haag School Health Education Endowed Scholarship Fund.
- Develop and expand the Health Education graduate program at SWT to become one of the strongest master's degree programs in the state.
- Help Health Education faculty at SWT to maintain active involvement as leaders in professional associations.
- Expand technology in the health education classroom at SWT.
- Promote graduates at SWT who can successfully educate, teach and train others in: the prevention and care of athletic injuries; the technical, aesthetic, philosophical, and

intellectual aspects of dance; a school physical education program that meets guidelines for a physically educated person, as well as state and local requirements; strategies and techniques for health promotion and the practical and/or scientific application of physical activity and exercise science to the health and fitness of individuals; the purpose and benefits of the effective use of recreation; and leisure and its relationship to individuals' quality of life.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

- Provide quality student teaching opportunities for students at SWT to apply their knowledge and skills in the health education classroom.
- Encourage students at SWT to become actively involved in professional organizations and encourage their active participation both as a student and as a professional.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

- Provide students at SWT with accurate, useful, and current information about school health education, pedagogy, and curricular content materials.
- Provide students at SWT with accurate, useful, and current information about community health and health and wellness promotion.



Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

- Seek to develop students who can demonstrate: critical thinking and problem solving skills; innovation and creativity; healthy and well-balanced lifestyles, including the development of lifetime leisure and sports skills; a commitment to professional competence and integrity; compliance with (eligibility for) professional certification and licensure standards; and a willingness to embrace opportunities for community involvement.
- Develop opportunities for expansion of knowledge and skill development to further the effort of recruitment and retention of a diverse student population.
- Generate resources to provide academic scholarships.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

- Provide students at SWT with accurate, useful, and current information about community health and health and wellness promotion.



Success By 6 of United Way of Tyler / Smith County

Contact: Mary Berry, Director
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Tyler, TX 75703
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Fax: (903) 534-5964
Web site: <<http://www.uwtyler.org>>

Mission and Purpose

United Way's Success By 6 is the largest early childhood movement in the country and the most recognized United Way initiative. Success By 6 had its origin in 1988 in Minneapolis and has grown to over 330 United Ways in the United States and Canada, including 10 in Texas. Success By 6 began in Tyler, Texas in 1999 with a kickoff featuring Laura Bush, now First Lady of the United States. The growth of Success By 6 is largely attributed to a five-year commitment of \$50 million to United Way of America.

The vision of Success By 6 of United Way of Tyler / Smith County (Success By 6) is a community of partners that participate in the development of young children and support area families, ensuring that every child has an opportunity to develop to his or her highest potential. The mission is to strengthen our community and protect its future by focusing on and meeting the needs of all children ages 0 to 6 to develop to their highest potential.

Success By 6 builds relationships by bringing together the public, nonprofit, and private sectors as community problem solvers to invest in young children. Success By 6 efforts develop a community plan to help children succeed when they enter school, leverage resources to enhance research based strategies, address barriers to healthy development, and mobilize the community around children ages 0 to 6.

The strategic goals include:

- (1) promoting the importance of early childhood development;

- (2) enhancing quality childcare;
- (3) ensuring that children have access to adequate healthcare;
- (4) supporting and encouraging parenting programs that focus on early childhood development; and
- (5) advocating for policies and resources that give all children ages 0 to 6 and their families opportunities to prepare for school.

Statement of Support

Success By 6 commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal D. In addition, Success By 6 commits to look for specific opportunities in the future to address that goal. Success By 6 will begin, improve, or expand activities related to the goal. Success By 6 will seek or strengthen public health partnerships in order to facilitate reaching the goal. Success By 6 will periodically report its progress toward activities related to the goal to its public health partners.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Success By 6 Parent Resource Centers are located at Douglas and Bonner Elementary Schools in Tyler, TX. These centers were established to help educate Hispanic families to facilitate development of school readiness skills of Hispanic preschool children. Both parents and children ages 0 to 6 participate in learning activities. Activities include:

- literacy classes
- a family literacy program
- early childhood–education classes for parents



- parenting classes
- parent education workshops and meetings
- a new-mothers' club for new or expectant mothers
- home visits
- referrals to health and human services agencies



Texans Care for Children (TCFC)

Contact: Susan Craven, Executive Director

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Austin, TX 78701

Phone: (512) 473-2274

Fax: (512) 473-2707

Web site: <<http://www.texanscareforchildren.org>>

Mission and Purpose

Texans Care for Children (TCFC) is a non-partisan, nonprofit network of over 250 member organizations that work together to improve children's lives in Texas. TCFC advocates for policies and programs that safeguard children at risk, and publicizes children's needs through publications, events such as Children's Advocacy Day, and statewide training on children's issues and advocacy strategies.

Statement of Support

TCFC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TCFC commits to look for specific opportunities in the future to address the goals below. TCFC will begin, improve, or expand activities related to the goals. TCFC will seek or strengthen public health partnerships in order to facilitate reaching the goals. TCFC will periodically report its progress toward activities related to the following goals to its public health partners.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TCFC, as part of its Children's Campaign for the Decade, will advocate for public and private resources to serve children with mental health needs. TCFC's Mental Health Issue group is developing and tracking indicators of children's mental health in Texas.

TCFC's 2003 legislative agenda supports full state funding for children's mental health services and requiring insurance to treat mental illness like physical illness.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

TCFC, as part of its Children's Campaign for the Decade, will advocate for public and private resources to increase immunization rates, support information systems that help parents keep track of their child's immunizations, and support other organizations that raise awareness among parents and policy makers about the importance of vaccinations.

TCFC's 2003 Legislative Agenda supports an effective immunization registry.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

TCFC, as part of its Children's Campaign for the Decade, will encourage individuals, local organizations, and communities to engage with their children's health and mental health providers and policy makers to ensure that Texas children have the resources they need to grow up healthy.



Texas Alliance for Healthy Communities

Contact: Klaus Kroyer Madsen, Treasurer

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6225 U.S. Hwy. 290 East

Austin, TX 78761

Phone: (512) 465-1039

Fax: (512) 453-1267

Web site: <<http://www.txhealthycommunities.org>>

Mission and Purpose

The Texas Alliance for Healthy Communities (the Alliance) is a collaborative organization made up of all sorts of organizations, agencies and individuals who are united by their commitment to a singular goal: healthier Texas communities!

Alliance members include state agencies, colleges and universities, non-profits, grassroots organizations, healthcare providers, local health departments, students, businesses, and more.

The Alliance shares a vision of communities having the tools, information, and resources to make their own best decisions about how to improve and enhance the health of their members. And the Alliance embraces a global vision of healthy Texas communities, where every Texan can fulfill his or her potential: mentally, physically, socially, spiritually, environmentally, and economically.

To achieve that vision, the Alliance sees its mission as one of *connecting people, resources, and ideas*.

Statement of Support

The Alliance commits to be a leader in protecting and promoting the health of Texans. The Alliance commits to look for specific opportunities in the future to address the Partnership's goals. The Alliance will begin, improve, and/or expand activities related to the goals. The Alliance will seek and/or strengthen public health partnerships in order to facilitate reaching the goals. The Alliance will periodically report its progress toward activities related to the Partnership goals to our public health partners.

Statement from the Governance Council of the Texas Alliance for Healthy Communities to Commissioner Eduardo J. Sanchez, M.D.

On behalf of the Texas Alliance for Healthy Communities, we are pleased to offer our continued commitment to the Texas State Strategic Health Partnership. We are very impressed by your leadership and dedication to transform the public health system in Texas.

As we work towards accomplishing the goals as set up by the Texas Declaration for Health, the Alliance can play a key role in translating the goals and facilitating action at the local and regional level.

I personally commit myself to participate in the implementation planning through the Executive Committee, but would also like to serve as a resource to the 12 work groups as needed.

The Strategic Health Partnership process is vital not just to the healthcare sector in Texas but also to the entire future of our state. We commend you and your dedicated staff for taking on the difficult challenge!

We are very honored to partner with you and pledge our energy in contributing to making the partnership a success.

Sincerely,

Klaus Kroyer Madsen
Treasurer



Texas Association Against Sexual Assault (TAASA)

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Austin, TX 78752
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Fax: (512) 474-6490
Web site: <<http://www.taasa.org>>

Mission and Purpose

The Texas Association Against Sexual Assault (TAASA) is the statewide organization committed to ending sexual violence in Texas. TAASA is a nonprofit educational and advocacy organization. As an agency, TAASA works to promote sexual assault awareness throughout the state of Texas. TAASA provides training to rape crisis personnel, law enforcement, other service agencies, community groups, and schools on topical issues related to sexual assault, as well as curriculum information for sexual assault trainings.

Statement of Support

TAASA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TAASA commits to look for specific opportunities in the future to address the goals below. TAASA will begin, improve, or expand activities related to the goals. TAASA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TAASA will periodically report its progress toward activities related to the following goals to its public health partners.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

TAASA has developed the first-ever peer-led curriculum to address sexual harassment in Texas

schools. Research indicates that young people are more likely to heed advice from their peers than from teachers, parents, or celebrities. Students Taking Action for Respect (STAR) incorporates positive messages directed at reducing sexual harassment and violence in schools. The STAR program trains high school boys and girls to lead workshops and school assemblies on sexual harassment and on building an environment of respect in Texas schools. In addition, the more than 70 rape crisis centers in Texas provide education at the local level on healthy relationships, dating violence, sexual harassment, and safety.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

More than half of all survivors of sexual violence suffer the effects of post-traumatic stress disorder along with depression and anxiety disorders. Often, these survivors abuse drugs and alcohol following their victimization. Currently, there are more than 70 rape crisis centers across Texas that provide counseling and advocacy for sexual assault survivors. TAASA is committed to educating the public on the importance of treatment and counseling for survivors of sexual violence.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

Currently, 58 counties in Texas have no rape crisis programs of any kind. These 58 counties are spread out across the state from the Panhandle to East Texas, from the Rio Grande Valley to far West Texas, and throughout Central Texas as well. TAASA is committed to ensuring that sexual assault programs are available to every Texan everywhere and has implemented a program to



increase the capacity of sexual assault services statewide. This initiative will require community support from local government, law enforcement, medical professionals, and educators.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

TAASA and its members are committed to working with partners in government, medicine, and the community to provide preventive services as well as assistance for survivors of sexual assault. Currently, TAASA is developing a model protocol for community response to sexual assault in Texas.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

TAASA's new public awareness campaign (funded by a grant from the Office of the Attorney General) intends to raise awareness of services available to Texans in their communities. Recent research in our state found that a majority of Texans are unaware of sexual assault services available to them. Through sustained public awareness initiatives, TAASA is committed to helping local programs raise their community profile.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

In coordination with the Office of the Attorney General, TAASA is committed to dramatically increasing the number of certified Sexual Assault Nurse Examiners (SANE). Currently there are only 100 SANEs in Texas. TAASA is committed to increasing that number to 500 in the next four years through training for nursing students and continuing education for medical professionals.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

TAASA is working with partners in government to track information on the reporting of sexual assault to law enforcement and medical professionals as well as the frequency with which survivors access the network of sexual assault programs in our state.



Texas Association of Counties (TAC)

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Austin, TX 78768
Phone: (512) 478-8753
Fax: (512) 478-0519
Web site: <<http://www.county.org>>

Mission and Purpose

The mission of the Texas Association of Counties (TAC) is to provide services to Texas counties and assistance to all county officials.

Statement of Support

TAC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TAC commits to look for specific opportunities in the future to address the goals below. TAC will begin, improve, or expand activities related to the goals. TAC will seek or strengthen public health partnerships in order to facilitate reaching the goals. TAC will periodically report its progress toward activities related to the following goals to its public health partners.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Many of these issues overlap with the issues facing law enforcement and the courts. Our organization currently works with sheriffs, constables, prosecutors, and county judges and will continue to work with these officials in addressing Goal B.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

Mental health issues continue to be a driving factor in the problems associated in Goal C. TAC believes that mental health issues should be seen as public health issues and will continue working with county officials to address mental health issues in the counties.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

Currently there are numerous counties across Texas with little or no public health presence. The reason seems to be a financial obstacle to many of these communities. A solution needs to be established that addresses these obstacles.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

As stated in Goal G, it is imperative that funding be provided in all areas of the state.



Texas Association of Local Health Officials (TALHO)

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Cedar Park, TX 78613
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Fax: (512) 528-9689
Web site: <<http://www.talho.org>>

Mission and Purpose

The mission of the Texas Association of Local Health Officials (TALHO) is to promote health, prevent disease, and protect the environment in order to ensure the public's health in Texas through leadership, vision, advocacy, and commitment to the principles of public health practice in local communities and throughout the state.

Objectives

- (1) Strengthen the capacity of local health departments.
- (2) Fully implement the principles of public health practice.
- (3) Promote improvements in laws and regulations to support the mission by establishing constructive communication and educational exchange links with elected officials of the state of Texas.
- (4) Seek public and private resources necessary to accomplish the mission and to assure allocation of resources to address community health needs in Texas communities.
- (5) Provide leadership and advocacy in support of public health issues.
- (6) Function collegially with the Texas Board of Health, the Texas Commissioner of Health, and officials and staff of the Texas Department of Health (TDH).

- (7) Establish functional working relationships with other departments of the state of Texas.
- (8) Represent local public health on a statewide basis and build coalitions with other related statewide organizations and associations.
- (9) Foster innovation in local health departments through the exchange of ideas and consultation among local health officials.
- (10) Provide professional growth opportunities for local health officials.

Statement of Support

TALHO commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TALHO commits to look for specific opportunities in the future to address the goals below. TALHO will begin, improve, or expand activities related to the goals. TALHO will seek or strengthen public health partnerships in order to facilitate reaching the goals. TALHO will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

TALHO is a member of the CVD/Obesity Task Force and will continue to participate in and support this working group. TALHO will work with the Texas Education Agency to ensure the continuation of and proper functioning of school health advisory councils and support implementation of the Coordinated Approach To Child Health (CATCH) program throughout Texas.



Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

TALHO is, and will continue to be, represented on the preventive health block-grant advisory committee. TALHO will act as a clearinghouse for local public health partners regarding smoking ordinances.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TALHO will promote wraparound services for mental health and will collaborate with Texas state mental health agencies. Local health departments will be encouraged to partner with their local Texas Department of Mental Health and Mental Retardation office and TALHO will encourage funding from the Texas Infrastructure Fund Board that supports this type of local collaboration.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

TALHO will promote programs that support the education of our children and young adults such as America's Promise — particularly the voluntary mentoring component — and Reach Out and Read.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

TALHO will support the Health Alert Network and continue to prepare for bioterrorism collaboratively with TDH and other public health partners. TALHO will also focus on strengthening its relationship with the Texas Commission on

Environmental Quality and TDH during the next several years.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

TALHO has an active immunization committee that addresses issues related to immunization and vaccine-preventable diseases faced by local health departments and the communities they represent. TALHO has communicated to TDH that availability of local immunization rates in Texas should be a priority for the Center for Health Statistics. Through its work on smallpox prevention, TALHO is gaining experience at planning emergency mass immunization clinics. The Health Alert Network allows rapid reporting of vaccine-preventable diseases, that will increase TALHO's ability to identify emerging outbreaks and respond quickly.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

TALHO has a legislative committee that is working with TDH to look for an appropriate model to restructure public health in Texas. During the next several years we will participate in further TALHO discussion, planning, and piloting of chosen models. This process may lead to a legislative initiative to institute a new description of the structure of local public health agencies in Texas.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

TALHO will promote collaboration among our members, including sharing of "best practices" through TALHO Peer Review project. TALHO



will make use of the NACCHO/ASTHO Principles of Collaboration with its public health partners.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

With its public health partners, TALHO will support a marketing effort of public health services in Texas and will work to establish an awareness campaign with membership from TALHO, TDH, the Texas Public Health Association, and schools of public health that includes a common slogan, logo, etc. TALHO will serve as a clearinghouse for promotional events such as Public Health Week.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

TALHO is committed to the peer review process aimed at improving local public health, and will work with the Public Health Training Center to address workforce development. TALHO will also sponsor certain trainings and support continuing education opportunities by sharing information with its membership and partners. TALHO will work with TDH and the Public Health Training Center to sponsor an annual educational conference for local health directors.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

TALHO, through education of policy makers, supports and will continue to support flexible funding sources such as the Bioterrorism Preparedness grants.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for*

demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.

TALHO supports the TDH Center for Health Statistics and will work with staff to determine priorities. TALHO will work toward the development of local data repositories during the next several years, and will work with Texas legislators and TDH to resolve HIPAA-related issues that may impede data availability at the state and local levels.



Texas Association of School Nurses (TASN)

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San Antonio, TX 78231-1994
Phone: (210) 805-5109
Fax: (210) 805-5138
Web site: <<http://www.tasn.org>>

Mission and Purpose

The mission of the Texas Association of School Nurses (TASN) is to advance the professional practice of school nursing in ways that promote each student's optimal level of wellness and educational potential. The TASN operates exclusively as an educational organization on a nonprofit basis and promotes and advances the quality of school health services and health education throughout the state.

Statement of Support

TASN commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TASN commits to look for specific opportunities in the future to address the goals below. TASN will begin, improve, or expand activities related to the goals. TASN will seek or strengthen public health partnerships in order to facilitate reaching the goals. TASN will periodically report its progress toward activities related to the following goals to its public health partners.

The TASN Executive Committee will discuss future activities to support this initiative at their meeting in early January 2003.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

TASN is committed to promoting healthy nutrition and safe physical activity for all students and their families. Many educational programs are in place and being developed at public, private, and parochial schools across the state. The Coordinated Approach To Child Health (CATCH)

program, American Heart Association Jump Rope for Heart, and Diabetes Walks are just a few of the innovative and educational programs implemented and supported by professional school nurses. TASN fully supports the mandatory P.E. requirement for students in grades K–6. The nutritional and physical activities of special needs students are also being addressed in adaptive education and physical education classrooms. In many cases, the school nurse and P.E. coaches work closely to plan and implement programs.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

All school districts in Texas are required to have a school health education advisory committee in place. Healthy decision-making is a common thread throughout the state when risky behaviors are addressed and discussed. The vast majority of school districts support abstinence as the preferred choice until marriage. School nurses and school counselors often collaborate to provide programming addressing these issues. These and other high-risk behaviors are addressed in many creative ways on campuses throughout the state. TASN has developed a position statement on human sexuality and abstinence education.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TASN recognizes and supports the need for accurate assessment and immediate and ongoing intervention for mental health concerns. Educational seminars regarding mental health

issues are always offered and well attended at our annual conference.



Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

TASN collaborates with local districts, the Texas Department of Health (TDH), and other state and national entities to ensure that all students are in compliance with immunization requirements.



Texas Association of Student Councils (TASC)

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1833 South IH-35
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Phone: (512) 443-2100
Fax: (512) 442-3343
Web site: <<http://www.tasconline.org>>

Mission and Purpose

The Texas Association of Student Councils (TASC) is a nonprofit organization serving high school and middle level student councils in Texas. Its purposes are to develop leadership abilities in students, promote democracy as a way of life, and establish and uphold high standards for local student councils.

Statement of Support

TASC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TASC commits to look for specific opportunities in the future to address the goals below. TASC will begin, improve, or expand activities related to the goals. TASC will seek or strengthen public health partnerships in order to facilitate reaching the goals. TASC will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

TASC plans to look for ways to encourage student-council projects that emphasize nutrition through its DASH Project.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

TASC promotes statewide, local student councils' participation in projects related to drug awareness, alcohol awareness, safety, and health (DASH). Schools participating in projects of this nature can be recognized annually by TASC as having outstanding DASH programs. For many schools, projects include, but are not limited to: AIDS awareness; campaigns against smoking, drinking, and drug use; emotional safety projects; anti-violence programs; blood drives; diabetes and cancer screening; etc. The DASH Project will continue to be a part of the TASC agenda.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Students involved in student council and TASC are given opportunities to be on college campuses during one of the 15 week-long TASC summer leadership workshops, hear from speakers that emphasize the importance of education, and participate in projects locally that expand their educational experiences. Additionally, there are scholarships directly and indirectly related to involvement in student councils that provide students with resources to further their education.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

TASC promotes, statewide, local student councils' participation in projects related to energy and environmental issues. Schools participating in projects of this nature can be recognized annually by TASC as having outstanding energy and environment programs. For many schools, projects include but are not limited to pollution control, beach and lake cleanups, and overall environmental awareness. The E & E Project will continue to be a part of the TASC agenda.



Texas Cancer Council

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Mission and Purpose

The Texas Cancer Council (the Council) is the state agency promoting cancer awareness, prevention, early diagnosis, treatment, and quality of life through collaborative and innovative programs and services.

Statement of Support

The Council commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Council commits to look for specific opportunities in the future to address the goals below. The Council will begin, improve, or expand activities related to the goals. The Council will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Council will periodically report its progress toward activities related to the following goals to its public health partners.

Through its funded initiatives, the Council addresses the following goals:

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The Council promotes overall health in Texas children through its support and funding of the Texas School Health Initiative at the Texas Department of Health. This initiative promotes primary cancer prevention statewide through a network of regional school health specialists in education service centers.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

The Council has long supported initiatives for tobacco prevention and cessation, including years of funding for the Office of Tobacco Prevention and Control in the Texas Department of Health. The Council also funds the Spit Tobacco Prevention Network, which provides a centralized clearing-house for information on spit tobacco prevention and cessation for use by Texas communities.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The Council works through targeted collaborative initiatives. The Council has established and maintained numerous governmental and private sector partnerships to meet the cancer related public health needs of all Texans.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The Council funds oncology education programs for Texas physicians, nurses, and dental professionals. These initiatives ensure that primary-care professionals have the necessary knowledge and skills to promote cancer prevention and control throughout Texas.



Texas Commission on Alcohol and Drug Abuse (TCADA)

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Mission

The mission of the Texas Commission on Alcohol and Drug Abuse (TCADA) is to provide a continuum of complementary alcohol and other substance abuse services in an efficient, effective, and fiscally responsible manner that includes prevention, intervention, treatment, and rehabilitation, and to improve access to these services across the state. In carrying out its role as state substance abuse authority, TCADA works in cooperation with federal and state agencies, local governments, organizations, and individuals through the purchase of substance abuse services and through the provision of consultation services and technical assistance for statewide and community-based providers.

Statement of Support

TCADA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TCADA commits to look for specific opportunities in the future to address the goals below. TCADA will begin, improve, or expand activities related to the goals. TCADA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TCADA will periodically report its progress toward activities related to the following goals to its public health partners.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to,*

tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.

As the state's substance abuse authority, TCADA funds substance abuse prevention, intervention, and treatment services through contracts with community-based providers statewide, reaching a total of approximately 700,000 individuals annually. In addition, TCADA is responsible for substance abuse prevention and treatment programs funded by the federal SAPT block grant and, through an agreement with the state comptroller's office, the implementation of the Synar regulations. TCADA regulates chemical dependency facilities (approximately 800 sites) and chemical dependency counselors (approximately 5,000) and ensures accountability. The agency serves as a leader and resource regarding substance abuse, and plans for the delivery of services statewide through the Statewide Service Delivery Plan and the strategic planning process. TCADA works with other public and private agencies and organizations, including the Drug Demand Reduction Advisory Committee, to build alliances and seek ways to cooperatively and effectively reduce substance abuse problems. TCADA also monitors drug trends in Texas and conducts surveys to gather information on substance abuse and related topics.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

In a joint effort in fiscal year 1995, TCADA and the Texas Department of Mental Health and Mental Retardation (TDMHMR) funded five pilot sites to create and implement integrated treatment and evaluation systems for persons with co-occurring psychiatric and substance use disorders (COPSD). These collaborative efforts



continue. The early evaluation of the COPSD pilots found that clients receiving integrated services become more engaged in treatment over time, with improvements in treatment outcomes, reductions in incidence of arrest, and decreases in homelessness. The COPSD project funded by TCADA and TDMHMR was recognized in May 2001 as an exemplary program by the Center for Mental Health Services. With the COPSD project identified as an exemplary program, CMHS shared the project's clinical philosophies and approach, history, partnerships, training, clinical outcomes, financing and overall operational practices with other states.

Currently, TCADA and TDMHMR purchase COPSD services through 26 sites to provide adjunct services in existing programs for mental health and treatment of drug and alcohol abuse. COPSD services address both psychiatric disorders and drug and alcohol abuse and provide strategies for stabilization and engagement. Target participants are persons with active psychiatric and drug and alcohol use disorders who require crisis resolution or specialized support in treatment due to non-responsiveness with mainstream services for mental health and prevention of drug and alcohol abuse.

In addition, TCADA and TDMHMR have developed a managed-care pilot under Medicaid for behavioral health services in Dallas and the surrounding seven-county area that blends Medicaid funds, money from block grants for mental health and prevention of drug and alcohol abuse, and local funds to provide behavioral health services to Medicaid recipients and the medically indigent populations traditionally served by TCADA and TDMHMR. Using a single entity to manage all funds, NorthSTAR actively removes barriers to service and matches services to the specific needs of individuals. This initiative has resulted in many more clients being served, the elimination of waiting lists for all services except

new-generation medications, an expansion of provider networks, consumer empowerment, and the creation of new provider partnerships. In the summer 2001, NorthSTAR was recognized as a semifinalist in the Innovations in American Government Program sponsored by the John F. Kennedy School of Government at Harvard University, and has been identified as a candidate for finalist in 2002.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

TCADA currently collects client data from all funded providers via the Behavioral Health Integrated Provider System, which provides the agency with real-time, standardized data for analysis and reporting of demographic, morbidity, and many other behavioral health indicators related primarily to drug and alcohol abuse, but also including mental health indicators. The agency is committed to working toward integration of data with other HHSC agencies within the guidelines of 42CFR and HIPAA.



Texas Council on Cardiovascular Disease and Stroke

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Mission and Purpose

The vision of the Texas Council on Cardiovascular Disease and Stroke (the Council) is Texans optimizing heart and brain health through education and action. The mission is to educate, inform, and facilitate action among Texans to reduce the human and financial toll of cardiovascular disease and stroke. The Council seeks to do this through four strategies: surveillance, data, and outcome management; health education and outreach; community policies and environmental change; and clinical prevention and treatment services.

Statement of Support

The Council commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the council commits to look for specific opportunities in the future to address the goals below. The Council will begin, improve, or expand activities related to the goals. The Council will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Council will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The Council promotes programs, policies, and environmental changes for physical activity and nutrition. A program entitled the Cardiovascular Health Promotion Awards recognizes schools,

worksites, healthcare sites, and communities for implementing exemplary programs promoting cardiovascular health. Community training sessions — aimed at developing a comprehensive community CVD prevention program — will be provided.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

The Council promotes programs, policies, and environmental changes for the cessation of tobacco use. A program entitled the Cardiovascular Health Promotion Awards recognizes schools, worksites, healthcare sites, and communities for implementing exemplary programs promoting cardiovascular health. Community training sessions — aimed at developing a comprehensive community CVD prevention program — will be provided.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

The Council will work as a partner to promote the availability of essential public health services for all communities and the inclusion of the prevention of cardiovascular disease and stroke as an important public health issue.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The Council will provide expertise and support in planning the provision of services to meet the public health needs of Texas.



Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

Training opportunities have been provided through conferences, summits, and meetings. The Council will provide support to the enhancement of the public health workforce in cardiovascular health promotion and disease prevention.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

The Council has been collecting and reviewing data related to CVD and stroke and creating reports for the public. Yearly updates will be provided.



Texas Dental Association (TDA)

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Mission and Purpose

The mission of the Texas Dental Association (TDA) is to be the voice of dentistry for Texas by vigorously pursuing those causes which fulfill the needs of its members and the people they serve.

Statement of Support

TDA commits to be a leader in protecting and promoting the health of Texans. TDA commits to look for specific opportunities in the future to address the Partnership's goals. TDA will begin, improve, or expand activities related to the goals. TDA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TDA will periodically report its progress toward activities related to the Partnership goals to its public health partners.



Texas Department of Health (TDH)

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Mission

The Texas Department of Health (TDH) partners with the people and communities of Texas to protect, promote, and improve health. TDH accomplishes its mission by...

...Providing and supporting the essential public health services of:

- surveillance, diagnosis, and investigation of diseases, health problems and threats to the public's health;
- education, empowerment, and mobilization of individuals and communities to prevent health problems and improve their health status;
- promotion of health policies and planning for individuals and community efforts to improve their health;
- regulation and enforcement of public health laws and policies necessary to control disease and protect the public's well-being;
- facilitating access to health services for individuals of greatest need; and
- critically evaluating and refining our public health activities and workforce competence.

...Supporting the healthcare safety net for:

- children and adults with special healthcare needs, and
- uninsured and under-insured people and families.

Statement of Support

TDH commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TDH commits to look for specific opportunities in the future to address the goals below. TDH will begin, improve, or expand activities related to the goals. TDH will seek or strengthen public health partnerships in order to facilitate reaching the goals. TDH will periodically report its progress toward activities related to the following goals to its public health partners.

As the primary state agency for public health in Texas, we at TDH will commit our technical expertise and align our resources to the extent allowable by law to achieve the goals by 2010. We see each goal as an opportunity to better establish Texas' system for essential public health services to protect, promote, and improve the health of all the people of Texas. We look forward to demonstrating improvement in health outcomes toward the elimination of disparities in health status.

We commit to ensuring that current and future activities of the agency are in alignment with, and in support of, the goals.

We commit to defining those inherently governmental duties related to each goal, and to work in partnership with state and local government agencies to ensure that TDH's unique governmental role is carried out effectively.

We commit to working with our partners in the public health system in a collaborative effort to maximize the resources each of us contributes.

We commit to continue convening the State Strategic Health Partnership, and to staff support of the Public Health Improvement Steering Committee as it coordinates activities of the partners for:



- assessing conditions and studying feasible actions for achieving goals,
- developing action plans with measurable results,
- linking state-level and local-level planning and implementation,
- providing forums for meeting, communicating, and reporting, and
- evaluating progress toward the goals on a periodic basis.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

This goal coincides with one of TDH's five priorities. TDH has submitted a \$5 million exceptional item request for support of Health Improvement of School Age Children for the 2004–05 biennium. TDH staff will continue to assist the Statewide Obesity Task Force as it evolves into the Partnership workgroup implementing this goal. TDH will continue to convene its internal cross-programmatic group dedicated to focused action among the TDH programs with interest in physical activity and nutrition.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

TDH pledges to continue its governmental public health role in support of this goal. This includes identifying and supporting effective interventions to prevent and decrease tobacco use, and to prevent and decrease risky sexual behavior in teens and other high-risk populations. TDH will continue to gather and provide survey information on risk factors in the population (while protecting privacy and confidentiality). TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TDH acknowledges the linkages among disease, mental health, and risky behavior. TDH commits to partner with the governmental and non-governmental organizations dedicated to leadership in mental health to promote the role of mental health in public health. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Recognizing the strong associations between health status, socioeconomic status, and educational levels, TDH commits to working with partner organizations to demonstrate and help attain the public health benefit of an educated population. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

TDH is committed to performing its inherently governmental role in the protection of consumers through its programs to regulate certain products and devices, health facilities, food-related establishments, and health professionals. TDH will demonstrate leadership in preparedness for the health aspects of natural and industrial disasters. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*



TDH commits to effective and efficient management of state programs for prevention and reduction of infectious diseases. Protection of Texans against vaccine-preventable diseases is one of TDH's five priorities. As its top priority exceptional item, TDH has submitted a request for additional funding for vaccine in Fiscal Years 2004 and 2005. TDH will continue to lead development and implementation of the state's smallpox vaccination plan for bioterrorism preparedness. TDH will continue to convene its internal cross-programmatic group dedicated to focused action among the TDH programs with a stake in immunizations. TDH commits to supporting collaboration and transition among existing multi-partner groups as the partnership workgroup forms for the development and implementation of this goal.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

TDH commits to maximizing opportunities that exist under state statute to support essential public health services for all communities in Texas through local partners, through TDH regional offices, and with enhanced coordination by the Office of Public Health Practice. TDH will ensure that state and federal funds for bioterrorism preparedness are used to ensure that critical capacities exist within local public health systems. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The Commissioner of Health pledges that TDH will continue to convene public health partners

and work in partnership with members of the public health system. TDH will continue leading capacity assessment related to bioterrorism and public health preparedness. TDH commits to continued partnership in developing performance standards and methods for ongoing evaluation of public health services in Texas. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

TDH will participate with Texas health and human service agencies in collaborative service information and referral initiatives. TDH will assess information technology to support electronic tracking of activities within and among organizations in the public health system. TDH will continue to expand the Health Alert Network, linking individual public health partners in communities across the state into a more cohesive system to enhance public health preparedness and mobilization. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

Through the Office of Public Health Practice, TDH will coordinate the agency's continuing education projects for medical, nursing, health promotion, and other public health professionals (including local health authorities) to ensure responsiveness and relevance to needs of the public health workforce. TDH will appropriately deploy bioterrorism preparedness funding to train TDH and other public health staff. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.



Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

TDH will lead exploration and development of appropriate funding mechanisms to enable efficient and effective distribution of the agency's funds while ensuring accountability, including conducting a comprehensive review of funding allocations, working with federal partners to identify areas of increased flexibility, assisting public health partners in developing new sources of funding, and increasing the focus on evidence based performance. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

TDH will work with other leading public health partners to establish TDH's Center for Health Statistics as a vehicle for integrating the agency's health data and, as allowable under state and federal statutes for protection of privacy and confidentiality, making health information available to support evidence based public health practice and policy making. TDH will continue to explore ways to enhance the state's vital statistics and licensing data systems. TDH offers staff to serve as members or subject matter experts for the partnership workgroup implementing this goal.



Texas Department of Mental Health and Mental Retardation (TDMHMR)

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Mission and Purpose

The mission of the Texas Department of Mental Health and Mental Retardation (TDMHMR) is to improve the quality and efficiency of public and private services and supports for Texans with mental illnesses and with mental retardation so that they can increase their opportunities and abilities to lead lives of dignity and independence. TDMHMR's vision is that the mental health and mental retardation system will be a partnership of consumers, family members, service providers and policy makers, which creates options responsive to individual needs and preferences. The TDMHMR goal for community mental health is to increase the abilities of persons with mental illness to lead successful lives in their communities.

Statement of Support

TDMHMR commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TDMHMR commits to look for specific opportunities in the future to address the goals below. TDMHMR will begin, improve, or expand activities related to the goals. TDMHMR will seek or strengthen public health partnerships in order to facilitate reaching the goals. TDMHMR will periodically report its progress toward activities related to the following goals to its public health partners.

***Goal B:** Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

TDMHMR, in a collaborative effort with the Texas Commission on Alcohol and Drug Abuse, will continue its nationally recognized initiative to create and implement treatment and evaluation systems for persons with co-occurring psychiatric and drug and alcohol abuse disorders that are integrated with mainstream services for mental health or drug and alcohol abuse.

***Goal C:** Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TDMHMR will continue to build a continuum of care for children, adolescents, adults, and their families so that they may lead successful lives in their community. TDMHMR will provide:

- collaborative training opportunities for professionals in mental health and allied health fields to expand clinical expertise in the areas of mental health and mental illness;
- leadership in the promotion of mental health resiliency and recovery from mental illness;
- opportunities for communication, coordination, and collaboration between the various private and public stakeholders in the areas of mental health and mental illness;
- a continuum of community and campus-based treatment for persons with mental illness;



- information and training regarding an array of evidence-based practices for the treatment of persons with mental illness;
- disaster assistance and crisis-response services in partnership with other agencies; and
- leadership to the public and other mental health professionals regarding the identification of information and resources related to mental health and mental illness.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

TDMHMR will continue to provide mental health disaster assistance and crisis-response services (DACRS) in partnership with other federal, state, and local agencies. To carry out this task, TDMHMR maintains readiness through a cadre of disaster trained mental health staff, and other state and community mental health resources. Additional readiness capabilities are maintained through the State Crisis Consortium. The primary goal of the DACRS program is to mitigate the predictable long term mental health impact experienced by those who respond to emergencies (natural and human caused), survivors, and victims.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

TDMHMR will develop and provide essential information regarding the promotion of mental health and the prevention of mental illness. TDMHMR will enhance its Internet site to include information regarding recent evidence based research in the areas of mental health and mental illness, and provide references to a variety of related resources.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

TMHMR will continue to develop and maintain constructive partnerships with stakeholder groups — governmental and non-governmental — in order to foster the promotion of mental health and the prevention of mental illness. TDMHMR will continue to foster public participation through advisory councils such as the Mental Health and Citizens Planning Advisory Councils and through collaboration with consumer advocacy organizations such as the Texas Mental Health Association, the National Alliance for the Mentally Ill–Texas, the Federation of Families–Texas, and others.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

TDMHMR will continue its commitment to the development of flexible funding relationships with state and local stakeholder groups. Based on the positive results obtained by its current participation in joint funding projects, such as the Texas Integrated Funding Initiative and the NorthSTAR project, TDMHMR is confident that such initiatives are an effective and efficient method for addressing the needs of the community.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*



TDMHMR is currently developing a statewide, real-time behavioral health data warehouse and report production system. The behavioral health data warehouse will be accessible and verifiable at the state and local levels, while protecting the privacy of all Texans.



Texas Department of Protective and Regulatory Services (PRS)

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Mission and Purpose

The Texas Department of Protective and Regulatory Services (PRS) is an agency focused on serving children, youth, families, the elderly, and people with disabilities. Its mission to protect the unprotected residents of Texas includes policies and curricula that promote quality services and protection of all PRS clients in the Child Protective Services, Adult Protective Services, Childcare Licensing, and Prevention and Early Intervention programs. PRS is led by a six-member rulemaking board, appointed by the governor and confirmed by the Texas Senate. The board also appoints an executive director who directs almost 6,700 employees in 11 administrative regions and a state headquarters in Austin.

Statement of Support

PRS commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, PRS commits to look for specific opportunities in the future to address the goals below. PRS will begin, improve, or expand activities related to the goals. PRS will seek or strengthen public health partnerships in order to facilitate reaching the goals. PRS will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Monitor childcare providers for compliance with minimum licensing standards that promote healthy nutrition and safe physical activity. PRS

monitors food served to children in childcare facilities to ensure that it is nutritious and is served in varieties and amounts adequate for growth and development. The nutrition requirements for childcare facilities are consistent with USDA requirements.

PRS requires childcare facilities to offer activities appropriate for each child's developmental needs, including both indoor and outdoor time periods. PRS inspects buildings, grounds, and indoor and outdoor equipment in childcare facilities to ensure they are safe for the children and well maintained.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Based on available funding, continue Community in Schools programs at Title XX sites across Texas.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

Monitor childcare providers for compliance with minimum licensing standards that require that children be current on their immunizations. PRS requires that childcare providers obtain and maintain current immunization records on each child enrolled. PRS monitors to ensure compliance with the immunization requirements set by the Texas Department of Health.



Texas Department on Aging (TDoA)

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Mission and Purpose

The Texas Department on Aging (TDoA) is the state's visible advocate and steward for a full range of services and opportunities that allow older Texans to live healthy, dignified, and independent lives. TDoA is the single state agency responsible for administering programs under the federal Older Americans Act and oversees the functions of 28 area agencies on aging (AAAs) who plan, coordinate, and advocate for a comprehensive service-delivery system addressing older Texans' short and long term needs. AAAs work with federal, state, and local officials; local citizen advisory councils; senior constituents; service providers; and the private and voluntary sectors to develop community-based services. AAAs, through contracts and vendor agreements with numerous service providers across the state, provide a wide array of services that meet confirmed needs ranging from general nutrition and social interaction to support and intervention designed to preserve independence. TDoA also serves as the state's focal point for the collection and analysis of information on aging related issues in order to provide expertise and advice to state agencies, the Legislature, and other elected officials.

Statement of Support

TDoA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TDoA commits to look for specific opportunities in the future to address the goals below. TDoA will begin, improve, or expand activities related to the goals. TDoA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TDoA will periodically

report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

TDoA serves as a leader in helping older Texans achieve optimal physical health and will support, to the best of its ability, the specific activities to be outlined under this goal.

TDoA has developed Texercise, a statewide fitness campaign designed to educate and involve Texans in physical activity and proper nutrition throughout their lives. Texercise promotes activity among individuals, as well as community events and policies that support fitness in all life areas. With the assistance of honorary state chairman Dr. Kenneth Cooper, its partners in the aging network, and other corporate sponsors, TDoA works to disseminate information and sponsor promotional activities throughout Texas.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

In addition to Texercise activities, TDoA routinely promotes healthy choices among older Texans and their families through mass media and its partners in the statewide aging network. TDoA serves as a leader in helping older Texans achieve optimal physical health and will support, to the best of its ability, the specific activities to be outlined under this goal.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TDoA serves as a leader in helping older Texans achieve optimal mental health and will support,



to the best of its ability, the specific activities to be outlined under this goal. TDoA serves as an active participant in statewide mental health initiatives such as the Texas Mental Health and Aging Coalition and the Suicide Prevention Plan Steering Committee. TDoA routinely promotes mental health among older Texans and their families through mass media and its partners in the statewide aging network.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

TDoA serves as a leader in ensuring that older Texans have opportunities to participate in education and lifelong learning and will support, to the best of our ability, the specific activities to be outlined under this goal.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

TDoA serves as a leader in promoting physical health among older Texans and will support, to the best of its ability, the specific activities to be outlined under this goal. TDoA, in partnership with the TDH Adult Health Program and Immunization Division, has implemented an educational campaign to increase immunization rates in the El Paso region. Furthermore, the area agencies on aging routinely disseminate information to consumers on the importance of immunization.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

TDoA serves as a leader and resource in promoting awareness of services available to

consumers and will support, to the best of its ability, the specific activities to be outlined under this goal. TDoA partners with the 28 area agencies on aging (AAAs) and the many federal, state, and local officials; local citizen advisory councils; senior constituents; and service providers, along with the private and voluntary sectors, who comprise the statewide aging network. AAAs, through contracts and vendor agreements with numerous service providers across the state, provide a wide array of services. These services meet confirmed needs ranging from public awareness and advocacy to general nutrition, social interaction, and supportive services designed to preserve independence.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

TDoA serves as a leader and resource in developing statewide partnerships and will support, to the best of its ability, the specific activities to be outlined under this goal. TDoA partners with the 28 area agencies on aging and the many federal, state, and local officials, local citizen advisory councils, senior constituents, service providers, and the private-voluntary sector who comprise the statewide aging network. AAAs, through contracts and vendor agreements with numerous service providers across the state, provide a wide array of services. These services meet confirmed needs ranging from public awareness and advocacy to general nutrition, social interaction, and supportive services designed to preserve independence.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

TDoA serves as a leader and resource in promoting awareness of services available to consumers



and will support, to the best of its ability, the specific activities to be outlined under this goal. The 28 AAAs provide a comprehensive system of access and assistance to assist consumers in obtaining general information, advice on government benefits, ombudsman service, legal assistance, health-service authorization, or coordination of care for people who need numerous services. AAAs provide information and services, or refer them to an appropriate source. Access and assistance services provided by the AAAs (directly and through contractor and vendor agreements) help clients receive the information and assistance they need to obtain resources.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

TDoA serves as a leader in ensuring an adequate healthcare workforce trained to meet the needs of older Texans and will support, to the best of its ability, the specific activities to be outlined under this goal. TDoA currently partners with the Statewide Health Coordinating Council and the Commission on Geriatric Study Requirements for Medical School (through the Higher Education Coordinating Board) to increase the number of providers available to treat Texans.



Texas Diabetes Council (TDC)

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Mission and Purpose

The Texas Legislature created the Texas Diabetes Council (TDC) in 1983 to plan and coordinate diabetes control activities in Texas. Through its State Plan to Control Diabetes in Texas, TDC promotes physician, patient, and public education. TDC also advises the Legislature about diabetes issues. TDC's vision is "a Texas free of diabetes and its complications." Its mission is to effectively reduce the health and economic burdens of diabetes in Texas.

Statement of Support

TDC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TDC commits to look for specific opportunities in the future to address the goals below. TDC will begin, improve, or expand activities related to the goals. TDC will seek or strengthen public health partnerships in order to facilitate reaching the goals. TDC will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Ongoing

TDC, in partnership with the Centers for Disease Control and Prevention, supports 15 local government and nonprofit organizations that promote wellness, physical activity, weight and blood pressure control, and smoking cessation for persons at risk for or with diabetes.

The council promotes Walk Texas! for better health through physical activity, and supports the Coordinated Approach To Child Health (CATCH), an elementary school program designed to increase children's physical activity levels and improve their diets to reduce their risk for chronic disease.

Future

TDC will support the implementation of legislation that addresses physical activity and nutrition for children, including working with the Texas Education Agency in implementing Senate Bill 19 (77th Texas Legislature) and the policy on Food of Minimal Nutritional Value. TDC will also continue to work with community programs to improve health promotion activities.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training, thereby improving socioeconomic and health status.*

TDC supports this goal indirectly through its activities related to improving nutrition and increasing physical activity for school children, two steps that have been shown to improve academic performance. (These activities are described under Goal 1.)

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

Ongoing

Through an annual educational campaign, TDC encourages Texans who have diabetes to obtain flu and pneumonia immunizations. TDC includes appropriate immunizations in minimum standards of care, which are distributed through a number of channels to healthcare providers throughout Texas.



Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

Ongoing

TDC is required by statute to advise the Legislature on issues related to diabetes.

Future

TDC has adopted a legislative agenda that addresses the following areas related to disease prevention and health promotion:

- caring for children with diabetes in school and after-school settings;
- securing Medicaid coverage for training in diabetes self-management;
- maintaining adequate health insurance coverage of diabetes;
- screening youth for diabetes risk;
- funding for promotion of physical activity, good nutrition, and healthy body weight in children;
- reducing obesity in Texans of all ages;
- funding for kidney healthcare; and
- implementing the recommendations of the Texas Pediatric Diabetes Research Advisory Committee.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Ongoing

In partnership with the Centers for Disease Control and Prevention, TDC supports 15 local government and nonprofit organizations that

promote wellness, physical activity, weight and blood pressure control, and smoking cessation for persons at risk for or with diabetes. It also provides annual dilated-eye examinations free of charge to identify diabetic retinopathy and other conditions that lead to blindness, to eligible persons who have no other source.

Future

TDC expects to increase the proportion of adults with diabetes who have an annual dilated-eye examination by identifying the role of the Texas Commission for the Blind's Blindness Education, Screening, and Treatment program and other external resources and by increasing awareness of these resources among the public and intermediaries, and to continue work with community-based organizations.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

Ongoing

TDC:

- supports and sponsors accredited continuing education programs for healthcare professionals throughout the state;
- offers a continuing medical education videotape, accessible through the Internet and free of charge to healthcare providers in Texas; and
- communicates with the state's academic health centers to learn about pre-professional training for all members of the diabetes-care team and share information about the council's activities and the TDH Diabetes Program's resources.



Texas Dietetic Association (TDA)

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Mission and Purpose

The mission of the Texas Dietetic Association (TDA) is to promote optimal nutrition and well-being for people by advocating for its members. The vision of TDA is that its members are the leading source of food and nutrition services in the State of Texas. TDA, an affiliate of The American Dietetic Association (ADA), consists of approximately 3800 registered dietitians, licensed dietitians and dietetic technicians, registered. Many members hold additional certifications in specialized areas of practice, such as pediatric or renal nutrition, nutrition support, and diabetes education. TDA members work in a wide variety of employment settings, including healthcare, business and industry, foodservice management, public health, wellness programs, sports, education, school foodservice, research, and private practice. Registered Dietitians (RD) are individuals who have completed a minimum of a bachelor's degree program approved by the Commission on Accreditation for Dietetics Education (CADE), passed a national examination administered by the Commission on Dietetic Registration (CDR) and completed continuing professional education requirements. Licensed Dietitians are individuals who have a bachelor's or graduate degree with a major in human nutrition, food and nutrition, nutrition education, dietetics, or food systems management, or equivalent internship or pre-planned professional experience approved by the Texas State Board of Examiners of Dietitians. The following are TDA's Strategic Goals:

- (1) Position TDA as an effective and efficient professional association with a strategic focus.

- (2) Position members to compete successfully in a rapidly changing environment.
- (3) Increase visibility, demand, and utilization of services provided by TDA members.
- (4) Influence the policy initiatives of key audiences.
- (5) Broaden the membership of TDA to reflect and serve the population of Texas.

Statement of Support

TDA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TDA commits to look for specific opportunities in the future to address the goals below. TDA will begin, improve, or expand activities related to the goals. TDA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TDA will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

TDA Strategic Goal: Increase visibility, demand, and utilization of services provided by TDA members.

- I. **Objective:** Increase public awareness of the benefits of nutrition services provided by TDA members.
Strategy: Initiate revision of Medical Nutrition Therapy (MNT) manual for publication using a variety of mediums.
- II. **Objective:** Promote public awareness of TDA members through enhanced media relations.



Strategy: Plan and implement at least one media campaign targeting a key audience to coincide with nutrition month.

Strategy: Develop and distribute one series of Texas-specific public service announcements in English and Spanish for television and radio.

Strategy: Increase participation in the TDA award process.

TDA Strategic Goal: Position members to compete successfully in a rapidly changing environment.

Objective: Build alliances with other professionals, businesses, and industry.

Strategy: Create joint sponsorships for key projects.

Strategy: Investigate joint sponsorships with other professionals for CPE events.

Strategy: Collaborate with food and nutrition manufacturers and distributors.

TDA Strategic Goal: Influence the policy initiatives of key audiences.

Objective: Form alliances with appropriate professional groups and associations and identify initiatives of mutual benefit.

Strategy: Work with the Texas School Food Service Association and other professional groups on mutually important issues.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

TDA Strategic Goal: Position members to compete successfully in a rapidly changing environment.

Objective: Enhance visibility for, and support of, the Texas Dietetic Association Foundation (TDAF) and the American Dietetic Association Foundation (ADAF).

Strategy: Communicate information regarding TDAF scholarships and activities to TDA members.

Strategy: Increase the number of ADAF 21st Century Club members from Texas.

TDA Strategic Goal: Broaden membership to reflect and serve the population of Texas.

Objective: Increase the awareness of dietetic students of the benefits of TDA membership after graduation, registration, or licensure.

Strategy: Speak with the Texas Student Dietetic Association at its annual meeting.

Strategy: Provide a student-professional networking opportunity at TDA's annual conference.

Strategy: Increase effort for student recruitment by providing ADA's recruitment materials to districts.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

TDA Strategic Goal: Increase visibility, demand, and utilization of services provided by TDA members.

Objective: Increase the professional development opportunities for members.

Strategy: Investigate the use of Web-based CPE opportunities.

Strategy: Forward information about ADA CPE opportunities to membership.

TDA Strategic Goal: Influence the policy initiatives of key audiences.

Objective: Educate members regarding legislative issues, processes, and skills necessary to accomplish the legislative agenda.

Strategy: Implement an effective communication process for membership involvement and education.

Strategy: Plan Nutrition Day at the Capitol for the 2003 legislative session.



Texas Education Agency (TEA)

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Mission and Purpose

The mission of the Texas Education Agency (TEA) is to ensure that all Texas students graduate with a world-class education. All Texas graduates will contribute to the progress of their families, their communities, and our world. TEA has two roles in accomplishing its mission: One, to provide program leadership to Texas school districts and open enrollment charter schools by implementing curriculum standards, an assessment system, and education programs to ensure success for all Texas students; and Two, to attain excellence in its operations by ensuring to school districts, policy makers, and the public that funding is efficient, accountability is meaningful, and monitoring and accreditation visits are efficient and aligned with state and federal regulations.

Statement of Support

TEA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TEA commits to look for specific opportunities in the future to address the goals below. TEA will begin, improve, or expand activities related to the goals. TEA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TEA will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

TEA is charged with identifying and approving school health programs that all elementary schools in Texas must implement by September

2007. The health program or programs approved by TEA must provide for coordination between several components, including nutrition services, education and physical activity, and physical education.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

The TEA Office of Health and Physical Education is continually involved in providing leadership to schools regarding health education and health promotion. In addition, TEA has been funded for 10 years by the Centers for Disease Control and Prevention (CDC) to provide leadership in the area of HIV/AIDS-prevention education to schools. Currently, TEA has applied for funding from CDC to work closely with TDH to strengthen coordinated school health programming in Texas.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

TEA is actively involved in elevating curriculum and assessment standards for public schools, and in seeking solutions to the dropout problem. Also, through various initiatives such as Senate Bill 19 passed by the 77th Texas Legislature and CDC funding aimed at strengthening coordinated school health programming in Texas, TEA supports the idea that improving the health status of young people might improve their graduation rates.



Texas Environmental Health Association (TEHA)

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The Texas Environmental Health Association (TEHA) is a statewide, nonprofit professional and educational organization for people who work to abate environmental hazards for the betterment of human health and well-being. Our association establishes a common meeting ground for professionals involved in all program areas identified as components of the broad field of environmental health. Members include workers in federal, state, and local governments and personnel from industry and educational institutions.

Statement of Support

TEHA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TEHA commits to look for specific opportunities in the future to address the goals below. TEHA will begin, improve, or expand activities related to the goals. TEHA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TEHA will periodically report its progress toward activities related to the following goals to its public health partners.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Goal E: *Reduce health threats due to environmental and consumer hazards.*

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The following pertains to Goals D, E, and J:

TEHA will provide training to 1,000 people each year through regional meetings and its annual educational conference. Persons trained will be tracked through attendance rosters.

TEHA will provide at least two scholarships per year to students at the college level who are pursuing careers in public or environmental health.

TEHA will participate in future committees or work groups that may be convened to make recommendations relating to core competencies for the public health workforce. Of particular interest to the TEHA will be standards for persons performing the duties of the field sanitarian.

As a nonprofit entity with limited financial resources, TEHA is best able to assist in this endeavor though the work of its membership and on the strength of its ability to provide educational opportunities throughout the state of Texas. TEHA is currently providing annual scholarships to those pursuing college course work in environmental or public health at the undergraduate level and beyond. TEHA commits to providing at least two scholarships per year. It is highly likely that some of the larger regional chapters will also be providing scholarships as funds allow, and it is conceivable that individual scholarships could be awarded to as many as six or more persons per year.

Furthermore, TEHA will provide educational training workshops through its six regional chapters at least four times per year. This will help provide timely, geographically convenient, and affordable training on a variety of topics tailored to the needs of a particular region of the state.

Issues related to the development of guidelines prescribing standardized competencies for the public health workforce is also of importance to the TEHA. Recognizing that the development of such standards will require input from many



sources, TEHA commits to provide representation on work groups or committees established to address these issues. The diversity and scope of the job duties is so broad that TEHA, by necessity, may not be able to participate in every work group. The work of the sanitarian is of greatest concern to the membership of TEHA.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

To a great extent this goal represents the day-to-day focus of the members of the TEHA, who work in communities and businesses across the state to ensure that food is prepared and handled properly; drinking water is safe and wastewater is properly treated; communities are prepared to respond to natural and human-caused disasters, including bioterrorism; vectors of disease are controlled; and that swimming pools are maintained, just to name a few. TEHA commits to helping in this endeavor by providing access to the training needed to perform these duties.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

TEHA will collaborate with the Texas Commission for Environmental Quality, the Texas Department of Health, academic institutions, industry, and the U.S. Food and Drug Administration to provide workshops and education, including dedicating a portion of its budget to fund expert speakers on a variety of topics.

The TEHA, through its affiliations with other professional organizations, educational institutions, industry, and governmental agencies and by other means, has already committed to the development of partnerships with these other entities and agencies, both within and outside of Texas. This includes the development of workshops on a variety of topics, often requiring

that speaker fees and other expenses be compensated to facilitate the training. TEHA commits to continue to dedicate a portion of its annual budget, as association finances allow, to funding high quality and knowledgeable experts for educational meetings and conferences.

TEHA has also been involved and will continue to support efforts to elevate the public's awareness and appreciation for the importance of a well-staffed and well-funded public health infrastructure, which must include a well-trained public health workforce. In conjunction with the educational efforts associated with Food Safety Month, TEHA has worked to obtain recognition for the work of environmental professionals and sanitarians through a governor's proclamation. This is now part of an annual "recognition and appreciation" week, which will be in September of each year.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

Each year TEHA will distribute quarterly issues of *The Beacon* to all TEHA members, currently numbering over 800. The Web site will be maintained and used as a means of publicizing educational opportunities, job postings, or other information relating to topics of interest to environmental and public health professionals.

The TEHA maintains a Web site with information about various training opportunities, job postings, and links to Web sites that are pertinent to TEHA members. Furthermore, *The Beacon*, our organization's quarterly newsletter, is also available as a vehicle for disseminating information to the public health workforce.



Texas Health and Human Services Commission (HHSC)

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Mission and Purpose

Mission:

The mission of the Health and Human Services Commission (HHSC) is to provide the leadership and direction and foster the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans.

Purpose:

HHSC is accountable to the citizens of Texas for ensuring that the 12 agencies within the HHS enterprise provide quality services in the most efficient and effective manner possible. Our customers are the citizens of Texas who expect good stewardship of tax dollars, the clients served by the 12 HHS agencies who expect quality services, government offices, elected officials, and the 12 HHS agencies.

The HHS enterprise is committed to coordinating efforts and integrating services to improve access to the services Texans need to maintain quality of life and to maximize their opportunities for realizing self-potential.

The agencies within the HHS enterprise are:

Health and Human Services
Commission (HHSC)

Texas Department on Aging (TDoA)

Texas Commission on Alcohol & Drug
Abuse (TCADA)

Texas Commission for the
Blind (TCB)

Texas Commission for the Deaf & Hard of
Hearing (TCDHH)

Interagency Council on Early Childhood
Intervention (ECI)

Texas Department of Health (TDH)

Texas Department of Human Services
(TDHS)

Texas Department of Mental Health &
Mental Retardation (TDMHMR)

Texas Department of Protective &
Regulatory Services (PRS)

Texas Rehabilitation Commission (TRC)

Texas Health Care Information Council
(THCIC)

Statement of Support

HHSC commits to be a leader in protecting and promoting the health of Texans. In addition, HHSC commits to look for specific opportunities in the future to address the Partnership's goals. HHSC will begin, improve, and/or expand activities related to the goals. HHSC will seek and/or strengthen public health partnerships in order to facilitate reaching the goals. HHSC will periodically report its progress toward activities related to the Partnership goals to its public health partners.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*



Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

Response to Goals F, G, I, and K

HHSC is committed to collaborating with the Texas State Strategic Health Partners to develop objectives and strategies towards meeting these goals.

HHSC will support the Texas State Strategic Health Plan throughout the HHS enterprise and ensure that the appropriate HHS agencies are made aware of the proposed implementation strategies.

HHSC will also work to integrate the Texas State Strategic Health Plan with the other HHS strategic planning processes by incorporating public health goals requiring HHS interagency cooperation into the Health and Human Services Coordinated Strategic Plan for 2005–10.



Texas Health Foundation (THF)

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Mission and Purpose

The Texas Health Foundation (THF) is a 501(c)(3) nonprofit charitable corporation chartered for the purpose of enhancing the health of all Texans. THF accomplishes that mission through administrative support of, co-sponsorship of events and initiatives with, and grants to state, regional, and local health departments and other health-related organizations.

Statement of Support

THF commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, THF commits to look for specific opportunities in the future to address the goals below. THF will begin, improve, or expand activities related to the goals. THF will seek or strengthen public health partnerships in order to facilitate reaching the goals. THF will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

THF believes that healthy lifestyle choices are the basis for good health and quality of life. THF is currently supporting the following Texas Department of Health (TDH) programs and initiatives: Public Health Promotion; the Texas Diabetes Council; osteoporosis awareness and education; wellness programs; and the Texas Alliance for Healthier Communities. THF will continue to support these and related programs.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

THF believes the elimination of risky behaviors is essential to good physical and emotional health, and supports the following TDH programs: injury-prevention initiatives, the Office of Tobacco Prevention and Control, the Behavioral Risk Factor Surveillance System, and HIV/STD initiatives. THF will continue to support state, regional, and local behavioral risk elimination programs.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

THF believes that the support of mental health programs is absolutely essential to completely address public health concerns and issues. THF supports all public health education and encourages the inclusion of mental health initiatives in those educational efforts. THF currently supports TDH's program on Alzheimer's disease and related disorders.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

THF supports the establishment of school-based clinics as a method to reduce health problems and maintain students in school. THF's largest grant effort each year is in support of the TDH school health program's Awards for Excellence in School Health. THF believes that health education should be included in school clinic missions. THF will continue to support this program and others of like nature.



Goal E: *Reduce health threats due to environmental and consumer hazards.*

THF believes environmental health risks can be significantly reduced through education and conscientious adherence to safety concerns. THF currently supports the following TDH state, regional, and local programs: Bicycle Helmet Safety, Child Passenger Safety, Safe Riders for Older Adults, Emergency Management Services, and Food Safety, and will continue to support these and like initiatives.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among children and adults.*

THF continues to support programs targeted at the reduction of infectious diseases in Texas, and currently supports the following TDH programs at the state, regional, and local levels: Shots Across Texas, immunization training and awareness, tuberculosis education and elimination services, TB control in incarcerated environments, county indigent healthcare, Texas minority health initiatives, border health initiatives, and zoonosis control.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

THF believes that provision of services in a sufficient manner to meet the public health needs of all Texans will take an organized public-private partnership. THF currently supports the following TDH programs at the state, regional, and local levels: the Alliance for Healthier Communities, Volunteers in Service to America (VISTA), the Volunteer Health Corps–Health Tool Chest Project, parish health nursing, and regional health nursing. THF will continue to support these and like initiatives.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

THF supports the University of Texas Health Science Center (UTHSC)–Houston’s School of Public Health in its Leadership Institute Initiative and Legislative Internship Project. THF continues to support all TDH state, regional, and local health education, promotion, and prevention programs.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

THF continues to support the development of public health directives, policy, standards, and statutes that ensure the provision of services to all communities. THF currently supports the following TDH programs at the state, regional, and local levels: Children with Special Health Care Needs, the cancer registry, the birth-defects registry, the program on Alzheimer’s and related disorders, prostate cancer awareness, osteoporosis awareness, breast and cervical cancer control, and diabetes awareness and control.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

THF has a long-range objective to become financially able to provide educational stipends and scholarships to university students who wish to pursue degrees in public health and allied health services. THF continues to move in that direction, and also supports TDH in its training initiatives in immunization, its Bureau of Laboratories in training laboratorians throughout Texas as well as several other states, and its physician residency training program.



Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

THF has supported, and continues to support, statutorily mandated and funded requirements that cities, counties, and other political subdivisions provide essential public health services. Such legislation could be similar to the Indigent Health Services Act. THF continues to support such funded requirements. THF also supports the UTHSC–Houston’s School of Public Health in its Legislative Internship Project’s effort to educate legislators on the necessity of providing essential public health services to all Texans.

Goal L: *By 2010, the Texas public health system partners will be informed by and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

THF supports the TDH reporting system for all communicable diseases and supports the establishment of a comprehensive operating system to meet this goal in its entirety. THF also supports the TDH registry programs for vital statistics, cancer, birth defects, PKU, etc., and will continue to support all such programs and assist in any way it can with the coordination, integration, and standardization of such existing systems along with others yet to be developed.



Texas Higher Education Coordinating Board (THECB)

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Fax: (512) 427-6127
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Mission and Purpose

The mission of the Texas Higher Education Coordinating Board (THECB) is to work with the Legislature, the Governor, governing boards, higher education institutions, and other entities to provide the people of Texas the widest access to higher education of the highest quality in the most efficient manner. THECB performs three major functions to carry out its mission. THECB (1) establishes state higher education plans, and gathers, analyzes, and provides information and data on higher education; (2) coordinates degree programs at higher education institutions and the construction of major facilities at public higher education institutions, except community colleges; and (3) administers state and federal programs to expand access, raise quality, improve efficiency, and increase research in higher education.

Statement of Support

THECB commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal D. In addition, THECB commits to look for specific opportunities in the future to address that goal. THECB will begin, improve, or expand activities related to the goal. THECB will seek or strengthen public health partnerships in order to facilitate reaching the goal. THECB will periodically report its progress toward activities related to the goal to its public health partners.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

The state's higher education plan *Closing the Gaps by 2015* calls for adding 500,000 students to higher education by 2015. An increase of 200,000 through normal growth is expected, so we need to get the 300,000 who won't otherwise enroll. The plan calls for closing the gaps in participation, success, excellence, and research.

Closing the Gaps is a P-16 plan. In order to be successful in closing the gaps, higher education must work with elementary and secondary schools to prepare students for higher education. The higher a person's education level becomes, the higher his or her earning potential and socioeconomic status.

Currently THECB is engaged in a sustained campaign for higher education and motivation to attract the 300,000 students who might not otherwise enroll in higher education. The campaign will give parents and their children the information and motivation they need to prepare for college. THECB can support Goal D via the College for Texans campaign, the statewide awareness and motivational campaign, and *Closing the Gaps* efforts.



Texas Institute for Health Policy Research

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Mission and Purpose

The Texas Institute for Health Policy Research's (the Institute) vision is to become a nationally recognized defining resource and catalyst for innovations that improve the health of Texans and their communities.

The Institute's mission is to provide leadership to improve the health of Texans through education, research, and health policy development.

Statement of Support

The Institute commits to be a leader in protecting and promoting the health of Texans. The Institute commits to look for specific opportunities in the future to address the Partnership's goals. The Institute will begin, improve, and/or expand activities related to the goals. The Institute will seek and/or strengthen public health partnerships in order to facilitate reaching the goals. The Institute will periodically report its progress toward activities related to the Partnership goals to its public health partners.

Statement from the Texas Institute for Health Policy Research to Commissioner Eduardo J. Sanchez, M.D.:

On behalf of the Texas Institute for Health Policy Research, we are pleased to commit the time and considerable talent of our board members, as well as our staff, to accomplishing the 12 goals of *The Declaration for Health* by 2010.

I personally will co-chair any workgroup for which we do not have a steering committee member, but would prefer to continue to chair

the Executive Committee to focus on problems, issues, and marketing common to the success of all workgroups.

Klaus Madsen will be given time from the Institute to continue to represent the Alliance for Healthy Communities, as they see fit.

Your leadership as Commissioner and Chair of the Steering Committee, and the fabulous work of your staff, have made the work of both the Committee and public participation one of the most open, inclusive and yet comprehensive efforts on behalf of the public health of all Texans. We look forward to a great partnership and much success.

Sincerely,

Camille Miller
President & CEO



Texas Interagency Council on Early Childhood Intervention (ECI)

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Web site: <<http://www.eci.state.tx.us>>

Mission and Purpose

Mission: Texas Interagency Council on Early Childhood Intervention (ECI) assures that families with young children with developmental delays have the resources and supports they need to reach their goals.

Philosophy: ECI believes that working in partnership with families and communities best serves the needs of young children.

Statement of Support

ECI commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, ECI commits to look for specific opportunities in the future to address the goals below. ECI will begin, improve, or expand activities related to the goals. ECI will seek or strengthen public health partnerships in order to facilitate reaching the goals. ECI will periodically report its progress toward activities related to the following goals to its public health partners.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

ECI and the Texas Department of Mental Health and Mental Retardation (TDMHMR) have developed a memorandum of understanding that builds a continuum of services between ECI and TDMHMR community centers for children with serious mental health concerns and their families.

ECI has begun participation in the Partners in Excellence project, which is funded by the national Center on the Social and Emotional Foundations for Early Learning. Staff from ECI, Head Start, the Texas Workforce Commission, the Texas Education Agency, and several other agencies have formed a state planning task force to collaborate on efforts to ensure that Texas children, from birth through 5 years of age, will be cared for by adults who have the knowledge, ability, and resources to support their healthy social and emotional development.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

In consideration of the health needs of ECI-eligible children, ECI policy regarding child health standards requires all ECI programs to assist families in accessing appropriate immunizations for all enrolled children. ECI service coordinators are responsible for conducting follow-up activities with medical and health providers in order to keep immunizations current and to ensure that children remain linked to a primary healthcare provider.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

By design, ECI was established in the interest of fostering collaboration between public and private resources to provide early intervention and related services to babies and families throughout the state. ECI collaborates on a regular basis with a wide variety of agencies and organizations to enhance the efficiency and effectiveness of service delivery. Activities include collaborative trainings, outreach, workgroups, and projects designed to ensure that eligible children and their families have the services and supports they need to reach their goals.



Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

ECI ensures that, on a continuing basis, all program staff have the knowledge and skills they need to provide quality early intervention services to eligible children and their families. ECI provides training that relates specifically to:

- understanding the basic components of early intervention services available in the state;
- meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children; and
- assisting families in enhancing the development and implementation of Individualized Family Service Plans.



Texas League of United Latin American Citizens (LULAC)

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Web site: <<http://www.texaslulac.org>>

Mission and Purpose

Advancing the economic condition, educational attainment, political influence, health, and civil rights of the Hispanic population in the United States.

Statement of Support

Texas League of United Latin American Citizens (LULAC) commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, Texas LULAC commits to look for specific opportunities in the future to address the goals below. Texas LULAC will begin, improve, or expand activities related to the goals. Texas LULAC will seek or strengthen public health partnerships in order to facilitate reaching the goals. Texas LULAC will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Through its LULAC National Education Service Centers (LNECs) in San Antonio, El Paso, Dallas, Houston, Corpus Christi, and the Valley, LULAC has endorsed the Bienestar Program, a school-based diabetes reduction program targeting Latino children. Achieving significant success at reducing risk indicators, the program is comprehensive, targeting nutrition, exercise, and family involvement. LULAC will be using Bienestar curriculum materials to promote healthy behaviors at the five LNEC sites. These sites are funded by DOE and have outreach programs

targeting elementary, middle, and high school students.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

LULAC will actively seek partnerships and resources to implement a selected program through the LNEC sites and/or participating councils around the state. There are approximately 190 LULAC organizations. The goal will be to implement a program in reducing risk behavior through 5–10 percent of these organizations.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

Through LULAC's state office, Dr. Vincent Ramos lectures and advocates for a preventive health and healthcare model that includes behavioral health intervention. Specifically, LULAC advocates for a holistic, multidimensional, and interdisciplinary approach to healthcare. For example, LULAC is advocating for the inclusion of mental health screening at public clinics.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Through the LNEC projects, LULAC counsels and provides resources for elementary, middle, and high school students to increase likelihood of successful graduation and college enrollment. Throughout the state LULAC conducts scholarship programs that provide financial aid to thousands of students annually. See Goal A.



Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

LULAC has taken an active role in advocating for childhood immunizations through its councils and currently has a member on the WIC Board.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

Through LULAC's state office, Dr. Vincent Ramos coordinates advocacy strategies that support these policies. Texas LULAC has developed a health agenda that includes an Annual Latino Health Summit. Education outreach is conducted through the summit. The summit draws upon the expertise of health experts from around the state to identify policy recommendations that could improve disparities.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

LULAC will be actively seeking partnerships that will make use of its resources of five education service centers and approximately 190 LULAC organizations to develop outreach programs that could deliver direct services or educational resources.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

LULAC will be actively seeking partnerships that will make use of its resources of five education service centers and approximately 190 LULAC organizations to develop outreach programs that could deliver direct services or educational resources.



Texas Medical Association (TMA)

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Mission and Purpose

The Texas Medical Association (TMA) is the largest state medical society in the nation, representing more than 37,000 physician and medical student members. It is located in Austin and has 118 component county medical societies around the state. TMA's key objective is to improve the health of all Texans

Statement of Support

TMA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TMA commits to look for specific opportunities in the future to address the goals below. TMA will begin, improve, or expand activities related to the goals. TMA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TMA will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Over the last three years, TMA has developed and implemented a program in health promotion and physical activity entitled WATCH. Project WATCH focuses on educating physicians and the public on the following risk factors: **W**eight, **A**ctivity, **T**obacco, **C**holesterol, and **H**igh blood pressure. Additionally, the Association lobbied the 77th Texas Legislature to pass SB 19, which requires 135 minutes of physical activity for Texas school-age children in kindergarten through sixth grade. TMA will work to develop appropriate policy and continue to make its educational

resources available through its Web site. TMA will also continue its participation in the TEA coalition to establish criteria and approve coordinated health programs and the School Health Coalition.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

TMA has extensive policy and physician practice recommendations to assist in counseling adolescents in the prevention and cessation of risky behaviors. Additionally, through the Physician Oncology Education Program, TMA has provided physician education and patient informational materials on tobacco cessation. TMA has also worked through participation in coalitions and independently to change public policy, regulation, and legislation on tobacco. TMA will continue its advocacy efforts in the tobacco arena and in other areas as directed by its physician members.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TMA has focused its efforts on prevention, community coordination and support, and the importance of public policy in improving and protecting the mental health and well-being of our child and adolescent patients. TMA has developed and will continue to develop physician education programs, and has advocated and will advocate for improved resources for children's mental health.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*



The association agrees that health literacy is a small but important part of adult literacy that leads to improvements in socioeconomic and health status. TMA will continue to work to make school health an association priority and will continue to work with TEA and others in this goal.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

Since 1999, TMA has worked with the Children's Environmental Health Institute (CEHI) to provide education to health professionals and the public on children's unique environmental health risks. TMA will continue working with CEHI to identify and develop solutions to address adverse health effects to children occurring as a consequence of exposure to hazardous environmental substances.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

TMA, along with its primary care physician organizations, has developed extensive policy and legislative recommendations to improve immunization rates in Texas. Its next public education campaign, through the Joint Committee on Health Improvement Initiatives, will focus on educating all Texans on the importance of vaccines. The program is currently being developed, with September 2004 as the anticipated start date. The program will include physician education, community coalition development, and a communication plan.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

The association supported passage and funding of HB 1444 during the 75th legislative session.

While the legislation passed, there was no funding tied to it. TMA will continue to support the concept that essential public health services are necessary for all Texas communities.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

TMA will continue to work with the Texas Association of Public Health Physicians and the Texas Public Health Association to further training and education for public health physicians.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

TMA will work with physicians and partners to make improvements to reporting of infectious diseases in the state. The association supports timely reporting of information to TDH.



Texas Mental Health and Aging Coalition (TXMHAC)

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Mission and Purpose

The Texas Mental Health and Aging Coalition (TXMHAC) is a diverse group of state agencies, public and private organizations, and individuals. It provides opportunities for professional, consumer, and government organizations to collaboratively improve the availability and quality of mental health preventive and treatment strategies through education, research, and increased public awareness. TXMHAC representatives address the mental health needs of older Texans by: (1) promoting appropriate mental healthcare for older adults; (2) combating the stigma associated with mental and emotional problems; (3) asserting the importance of emotional well-being, prevention, and self-help programs for elders; (4) educating professionals, the general public, decision makers, and older individuals about mental health issues for older Texans; and (5) encouraging older men and women to use the services of mental health professionals, volunteers, and other self-help programs.

Statement of Support

TXMHAC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal C. In addition, TXMHAC commits to look for specific opportunities in the future to address that goal. TXMHAC will begin, improve, or expand activities related to the goal. TXMHAC will seek or strengthen public health partnerships in order to facilitate reaching the goal. TXMHAC will periodically report its progress toward activities related to the goal to its public health partners.

***Goal C:** Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TXMHAC is committed to pursuing the accomplishment of this goal. TXMHAC serves as a leader in promoting the mental health of older Texans and will support, to the best of its ability, the specific activities to be outlined under this goal. The coalition will seek to further strengthen mental health partnerships in Texas. In addition, the coalition commits to assist in recruiting mental health representatives to the subcommittee over the next year.



Texas Nurses Association (TNA)

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Mission and Purpose

The *mission* of the Texas Nurses Association (TNA) is to promote excellence in nursing by delivering pertinent tools for nurses to achieve:

- quality patient care
- full professional potential
- career satisfaction

Purpose: TNA is a statewide membership-based association of registered nurses (RNs). Founded in 1907, TNA is the oldest professional nursing association in Texas. Its members represent all segments of nursing — from bedside to administration, consulting to advance practice, and education to legislation. They're from all practice settings — hospital, home and community health, public health, higher education, long-term care, school health, and policy — and all practice areas.

As divergent as they are, TNA members all share a common purpose — advancing excellence in nursing. It's a pursuit that requires commitment, involvement and leadership — fortunately, inherent traits of a registered nurse.

Statement of Support

TNA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TNA commits to look for specific opportunities in the future to address the goals below. TNA will begin, improve, or expand

activities related to the goals. TNA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TNA will periodically report its progress toward activities related to the following goals to its public health partners.

General Comments

TNA is committed to presenting information on the goals of the Texas State Strategic Health Partnership to the nursing community at large.

TNA dedicated the October 2002 issue of *Texas Nursing* to the goals and their importance to Texas citizens.

TNA has used the goals in multiple discussions with various nursing communities.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

TNA is committed to seeing that nurses recognize the mental health issues of family violence and will work to see that all nurses in their patient assessments screen for family violence issues.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

TNA's House of Delegates has passed resolutions directing nurses to be lead practitioners in encouraging child and adult immunizations. TNA will commit to keep the important and updated information before RNs.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*



TNA is committed to seeing the maximum utilization of RNs to deliver public health services to all communities.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

TNA has shared information with nursing special organizations so they can assume advocacy roles in their specific specialty.

TNA met with the deans and directors of Texas' 98 sites of nursing education, shared copies of the goals and stressed the importance of making students aware (October 2002).

TNA will continue to meet with leaders in nursing education to ensure that the core content of nursing education reflects the future role of nurses in assuming implementation of goals.



The Texas Optometric Association (TOA) and the American Optometric Association (AOA)

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<<http://www.aoanet.org>>

Mission and Purpose

The *mission* of the American Optometric Association (AOA) and the Texas Optometric Association (TOA) is to influence the future of eye care by ensuring the welfare of the public and promoting the profession of optometry.

The *objectives* of AOA/TOA are centered on improving the quality and availability of eye and vision care. The AOA/TOA fulfills its missions in accordance with the following goals:

- (1) Healthcare and public policy related to eye care will uniformly recognize optometrists as primary care providers and ensure that the public has access to the full scope of optometric care.
- (2) Optometrists and other professionals will look to the American Optometric Association and Texas Optometric Association for professional standards, research, and education leadership, which serve to enhance and ensure competent, quality patient care.
- (3) The public, optometrists, and other professionals will turn to the American Optometric Association and Texas Optometric Association for reliable and current information related to optometry, eye care, and healthcare policy.

The Texas Optometric Association (TOA) was founded in 1900 and represents more than 1,300

Doctors of Optometry, optometry students, and optometric technicians across the great state of Texas. TOA's goals related to Healthy People 2010 include eliminating health disparities and increasing the quality and years of healthy living. TOA doctors and members are dedicated to providing the highest quality eye care to the public. TOA's Web site gives the general public access to current information regarding eye healthcare; eye disease prevention and treatment; vision correction options (contacts, spectacles, laser surgery, and more); and other aspects of eye care.

Statement of Support

TOA/AOA commit to be leaders in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TOA/AOA commits to look for specific opportunities in the future to address the goals below. TOA/AOA will begin, improve, or expand activities related to the goals. TOA/AOA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TOA/AOA will periodically report its progress toward activities related to the following goals to its public health partners.

The following goals will be accomplished by means of: programs, education, research, and services designed to improve quality of life and to reduce health disparities; early identification, diagnosis, treatment, and management of eye diseases and vision disorders, which impact people of all ages from infants to the elderly; and prevention of blindness and vision impairment.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

As primary eye care providers, optometrists recognize and promote preventive care as an essential element of effective public health. Good nutrition and physical activity are especially



important to at-risk populations such as diabetics. TOA will strive to maintain the vision health of diabetics through education and annual dilated-eye examinations. A comprehensive eye examination in conjunction with counseling and education has a significant impact on effective treatment and management of eye-related complications such as diabetic retinopathy. TOA aims to increase the percentage of Texans receiving such care to 75 percent by 2010 in accordance with Healthy People 2010 objective 5-13 (NHIS, CDC, and NCHS). In addition, TOA will lead efforts to reduce visual impairment secondary to diabetic retinopathy (objective 28-5), and increase access to low-vision rehabilitation services and adaptive devices for those suffering from vision loss (objective 28-10).

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

One of the leading causes of visual impairment in the United States is age related macular degeneration (AMD). Smoking has been identified as a significant contributor to the onset and progression of AMD. Optometrists, in collaboration with other stakeholders, can provide a vital link to public health education about the need for smoking cessation.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

“Culturally appropriate and linguistically competent community health promotion and disease prevention programs” are encouraged at the local level as part of objective 7-11 of Healthy People 2010. These include clinical preventive services, diabetes education, and community-based pro-

gram initiatives — vision and mental health among others. The AOA and TOA have a variety of information and resources to share with stakeholders, and a willingness to learn about the symptoms of depression and mental health. The positive correlations between visual disability, adverse impact on quality of life, and the incidence of depression highlight the need for increased collaborations and information exchange across health disciplines.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Successful learning begins with good vision. Regular and periodic eye examinations play an important role in maximizing our children’s ability to succeed in education and in life. To increase graduation rates and improve health status, we need to decrease uncorrected vision impairment due to refractive error (objective 28-3) and other disorders of the visual system. Improving socioeconomic and health status for the visually disabled is also an important element of reducing health disparities. By reducing blindness and vision impairment amongst the youth of Texas (objective 28-4), and increasing access to low-vision rehabilitation services and adaptive devices (objective 28-10), we should be able to increase graduation rates. This may be accomplished through education, awareness, and partnerships with state agencies such as the Texas Commission for the Blind and Visually Impaired (TCB). TCB has many programs available to adolescents, including vocational rehabilitation and transition counseling as they graduate from high school to college. Optometrists are key partners in providing low-vision rehabilitation services, and TOA will strive to foster even more diverse and effective partnerships throughout Texas.



Goal E: *Reduce health threats due to environmental and consumer hazards.*

Environmental hazards to vision may arise from a number of expected and unexpected sources. TOA will strive to reduce eye-related occupational injuries in the workplace (objective 28-8), and encourage the use of appropriate personal protective eyewear in recreational and hazardous situations around the home (objective 28-9). Sports is another area to be addressed as we increase the proportion of public and private institutions that require “use of appropriate head, face, eye and mouth protection for students participating in school sponsored activities” (objective 15-31). TOA will partner with the AOA’s section on Environmental and Occupational Vision.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

Infectious disease in vision may sometimes be prevented with proper education and awareness. A recent example is the risk for injury and blindness presented by non-corrective, decorative contact lenses distributed without a prescription and without proper fitting by an eye-care professional. Recently, the Food and Drug Administration (FDA) took action against the illegal distribution of Plano cosmetic lenses, citing the risks of permanent eye injury and blindness resulting from corneal scarring and vision impairment from uncontrolled infections. The public health risk is significant enough that the FDA will seize unapproved lenses sold in convenience stores, flea markets, and other spots. The public health risk and the impact on vision were brought to the attention of the FDA by many stakeholders, including AOA.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services*

(emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.

Optometrists, as primary eye-care providers, have a wealth of resources to share about the role of vision. This includes health promotion activities such as the link between good vision in children and successful learning, computer vision syndrome, and preventable causes of vision loss such as cataracts and refractive error. As leaders in the area, optometrists hope to be able to participate as active members in state and local policy decisions to highlight how optometry is able to meet the visual needs of Texans. Optometrists are able to diagnose and investigate community health problems and community health hazards related to vision; inform, educate, and empower the community with respect to vision health issues; mobilize community partnerships in identifying and solving community health problems; develop policies and plans that support individual and community efforts to improve health; link individuals who have a need for community and personal vision health services to appropriate community and private providers; and research new insights and innovative solutions to community health problems.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Optometrists are located throughout the state of Texas in communities large and small, rural and urban. By educating its membership about the importance of Healthy People 2010, TOA will provide the resources and support to local optometrists to lead efforts to meet public health needs by building and actively participating in effective coalitions. TOA has already made inroads in this area by partnering with the



University of Houston College of Optometry, Prevent Blindness Texas, and the Lions Clubs of Texas. We have submitted a grant application, the Children's Vision Initiative, to the National Eye Institute to develop an educational campaign in Texas. The goal of the project is for local optometrists to partner with their local community schoolteachers, school nurses, and school board members, and to increase their awareness about the vision objectives of Healthy People 2010. Specifically, TOA will highlight the role of comprehensive eye examinations for children and the relationship of good vision to learning. Furthermore, TOA will provide information about community partnerships (Spanish- and English-speaking) and resources that can increase accessibility to quality eye care and reduce health disparities. Finally, by having volunteer optometrists make the presentations, TOA hopes to establish and support ongoing relationships targeted to the visual needs of children.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

TOA would like to enter into a memorandum of understanding with the Texas Department of Health that highlights the importance of communication and collaboration.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The TOA is available to provide educational seminars, programs, and Web links to resources of interest to all parties on vision, disease, and good health practices.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

A flexible funding system is essential to assure stability and access to care. Novel sources of funding such as research grants and philanthropic organizations should also be included. For instance, TOA is attempting to reduce health disparities in vision by coordinating various stakeholders to provide care and materials in conjunction with the VISION USA project. VISION USA, started nationwide in 1991, is a program developed by doctors of optometry who are members of AOA. Approximately 314,000 low-income working Americans have benefited from free eye exams through VISION USA. In 1999, VISION USA joined forces with America's Promise, The Alliance for Youth, whose founding chairman is General Colin L. Powell. With over one million children in this country not getting basic eye care, VISION USA hopes to help these children, their families, and other individuals by providing examinations and doctors willing to help. Now a year-round program, VISION USA can help these people by providing basic eye health and vision care services free of charge to the many uninsured low-income people and their families who have no other means of obtaining care. Other partners that currently collaborate with TOA include the University of Houston College of Optometry, Prevent Blindness Texas, and Lions Clubs of Texas, among others.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

Real-time access to data is essential to assessing progress toward accomplishing the goals of Healthy People 2010 in Texas. TOA is interested in collaborating on strategies for developing consistent and reliable data regarding the vision objectives, including coding for services and disease.



Texas Pediatric Society (TPS)

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Mission and Purpose

The Texas Chapter of the American Academy of Pediatrics (Texas Pediatric Society or TPS) is to focus its talents and resources to ensure that the children in Texas are safe and healthy, that its members are well informed and supported, and that the practice of pediatrics in Texas is both fulfilling and economically viable.

Statement of Support

TPS commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TPS commits to look for specific opportunities in the future to address the goals below. TPS will begin, improve, or expand activities related to the goals. TPS will seek or strengthen public health partnerships in order to facilitate reaching the goals. TPS will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Children who visit their pediatrician annually for well visits receive counseling on healthy nutrition and safe physical activity. TPS has developed a 2002–2005 Strategic Plan that incorporates many of the goals outlined here and below. Specifically, the Plan lists, as one objective, to make demonstrable progress in advancing critical child-lifestyle issues that include obesity and injury prevention. The anticipated completion is slated for 2005. In addition, TPS is an active

stakeholder in the Texas Department of Health's School Health Advisory Committee that addresses health issues affecting school-age children. These topics are also addressed through CME activities during TPS's annual meeting in September.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Again, children who visit their pediatrician annually receive counseling in these areas. The component of TPS's Strategic Plan addressing demonstrable progress in advancing critical child-lifestyle issues also addresses drug and alcohol abuse, mental health, and violence toward children. Further, TPS was awarded a grant under the Children's Justice Act from the Texas Department of Child Protective and Regulatory Services in 2001 to develop an educational program, manual, CD, and video on the *Medical Evaluation of Suspected Child and Adolescent Sexual Abuse*. Besides producing the manual and video, TPS has sponsored three seminars educating professionals in Texas. The grant is scheduled to conclude in January 2003. The video and CD will be made available for purchase and further educational settings by mid-2003.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

Pediatricians are often the first to examine children in need of mental health treatment. Their ability to determine which children should receive dedicated mental health treatment is paramount. The Strategic Plan lists mental health as an additional critical lifestyle issue and as a result TPS will continue to assist in community pro-



grams and advocate for the enhancement of children's mental health services.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

TPS acknowledges that these items improve both socioeconomic and health status. TPS will continue to act as a stakeholder to the TDH School Health Advisory Committee.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

The TPS Injury and Poison Prevention Committee regularly addresses health threats due to environmental and consumer hazards. TPS supported and helped pass Senate Bill 399 (77th Legislative Session), which prohibited a child under the age of 18 from riding in the bed of a truck or trailer at any speed. TPS has developed policy aimed at closing certain loopholes in laws that allow children to travel in vehicles without being restrained in child safety seats or by safety belts, and hopes to advocate legislatively for such changes. Additionally, the committee is looking at ways to increase safety education through use of the TPS Web site and pediatricians' offices. The committee also focuses on poison prevention and has supported strengthening poison control centers. In the past, committee members were proponents of childproof caps and are currently working with PICU programs to educate pediatric residents about poison syndromes.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

TPS has in the past made, and will continue in the future to make, increasing immunization rates in Texas one of its top priorities. TPS, in conjunction with other primary care providers

and the TMA, has developed policy and legislative recommendations aimed at improving immunization rates. The recommendations, in part, address the implementation of a statewide immunization-education program targeting communities and physicians. A top priority in the TPS Strategic Plan is assisting Texas in achieving an immunization rate that ranks in the top 40 states. The Strategic Plan also calls for optimizing the functioning of the state immunization registry, increasing awareness and utilization of the registry by pediatricians, hospitals, health plans, etc.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

TPS supports the concept that every community should have equal access to essential public health services, and pledges to help in areas that would further such discussion.



Texas Public Health Association (TPHA)

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Mission and Purpose

As a leader of public health action in Texas, the Texas Public Health Association (TPHA) educates and empowers people to adopt healthy lifestyles; develops and promotes policies and legislation; explores new insights and innovative solutions to health and environmental problems; fosters professionalism in a multi-disciplinary workforce; and brings together all individuals and organizations with an interest in public health under one umbrella.

Statement of Support

TPHA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TPHA commits to look for specific opportunities in the future to address the goals below. TPHA will begin, improve, or expand activities related to the goals. TPHA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TPHA will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase*

individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Goal E: *Reduce health threats due to environmental and consumer hazards.*

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

John Herbold, immediate past president of TPHA, will co-chair the Goal G Workgroup and work to educate individual citizens, as well as organized political entities such as towns, cities, and counties, regarding the need to establish funded mechanisms to insure the provision of essential public health services.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*



Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

For Goals A through L, TPHA will team with subject specific advocacy groups in the conduct of statewide educational programs, regional seminars, and other informational activities that will emphasize one or more of the 12 goals of the Texas State Strategic Health Partnership.

For each goal, TPHA will identify individual members with specific expertise to work with subject-specific advocacy groups.

TPHA will also provide specific leadership for Goal G, as stated under that goal above.



Texas Public Health Training Center

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Mission and Purpose

The Texas Public Health Training Center is a collaboration among the University of Texas School of Public Health, the University of North Texas Health Science Center School of Public Health, and the Texas A&M University System Health Science Center School of Rural Public Health. Its purpose is to assure that current and future members of the Texas public health workforce have access to quality learning programs. Audiences for training include: (1) public health workers, including Texas Department of Health regional office staff; (2) members of local and state boards of health; (3) elected policy makers at local and state levels; and (4) workers in health-related agencies. Through training, the Texas Public Health Training Center hopes to: (1) strengthen the technical, scientific, managerial, and leadership competencies and capabilities of the current and future public health workforce; (2) contribute to improved performance of the public health system; and (3) disseminate evolving public health performance concepts and standards.

Statement of Support

The Texas Public Health Training Center (Center) commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal J. In addition, the Center commits to look for specific opportunities in the future to address that goal. The Center will begin, improve, or expand activities related to the goal. The Center will seek or strengthen public health partnerships in order to facilitate reaching the goal. The Center will

periodically report its progress toward activities related to the goal to its public health partners.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

- (1) The major commitment of the Center will be to implement Goal J. This is consistent with the primary mission and purpose of the Center as described above.

Training objectives include: (1) providing quality public health training based on the National Public Health Performance standard and essential public health services, (2) transforming and strengthening the public health infrastructure, and (3) providing policy makers with scientifically based evidence to implement sound healthcare legislation.

Training formats include the traditional classroom setting; distance education via interactive television, telephone, and the Internet; and videotapes and self-paced workbooks. Courses and trainings include short courses, field placements of graduate students as interns, and certificate programs.

- (2) Course content and training-needs assessments will take into account the subject matter of each of the 12 goals.



Texas Rehabilitation Commission (TRC)

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Mission and Purpose

The Texas Rehabilitation Commission (TRC) exists to assist people with disabilities to participate in their communities by achieving employment of choice, living as independently as possible, and accessing high quality services.

Statement of Support

TRC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal D. In addition, TRC commits to look for specific opportunities in the future to address that goal. TRC will begin, improve, or expand activities related to the goals. TRC will seek or strengthen public health partnerships in order to facilitate reaching the goal. TRC will periodically report its progress toward activities related to the goal to its public health partners.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

TRC is committed to helping students with disabilities make the transition from school to work. As a part of the Vocational Rehabilitation (VR) program, TRC counselors provide consultative and technical assistance to public school personnel in planning the move from school to work for students with disabilities. Each TRC region has a regional transition specialist to assist VR counselors in coordination with schools, independent school districts, and Regional Education

Service Centers. This program provides a framework for TRC, the Department of Mental Health and Mental Retardation, the Texas Education Agency, and other agencies to coordinate services to support transition of students with disabilities from schools to the community.



Texas Renal Coalition

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Mission and Purpose

The mission of the Texas Renal Coalition (the Coalition) is to assist in the advancement of future healthcare programs for dialysis and transplant patients and those patients affected by urinary-tract or kidney disease. By acting as a clearinghouse for information related to legislative issues and advances in research, the coalition will provide a forum for all interested parties involved in treatment, research, or educational programs related to kidney disease.

The Coalition is a volunteer, nonprofit health organization serving persons affected by urinary-tract and kidney disease in Texas. A large part of this population of patients consists of dialysis or transplant recipients; in our state there are more than 22,000 patients. One in every seven patients lives in a border county, and approximately two-thirds live in an urban area (a county with a population of 50,000 or more). The majority (82 percent) have an adjusted gross income of less than \$20,000 annually.

The leading causes of end-stage renal disease (ESRD) are diabetes (54 percent) and hypertension (24 percent). Minority groups continue to be disproportionately represented in the ESRD population. Hispanics, who represent almost 31 percent of the Texas population, comprised 42 percent of the patient population. African Americans comprised nearly 25 percent in FY 2000, although this group represents less than 12 percent of the state population.

In identifying the role that the Coalition should play in healthcare, patient issues, and legislative affairs, the board of directors identified more

than 20 institutions, agencies, and associations involved in kidney disease or organ transplants. This does not include the more than 200 dialysis centers across the state.

Statement of Support

The Coalition commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Coalition commits to look for specific opportunities in the future to address the goals below. The Coalition will begin, improve, or expand activities related to the goals. The Coalition will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Coalition will periodically report its progress toward activities related to the following goals to its public health partners.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Increases in the rates of high school graduation and adult literacy in advanced education will certainly benefit patients in understanding their disease and the need for compliance with medication and diet.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

The nephrology community continues to try to educate patients regarding prevention and early diagnosis of renal disease. Only with early detection of chronic renal failure can steps be taken to prevent progression to end-stage renal disease requiring dialysis or transplant therapy. The biggest problem is that end-stage renal disease is a silent disease until very late in its course, and early detection and screening — possibly in



conjunction with other organizations' screenings (such as diabetic screening, hypertension screening, etc.) — is critical.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

Our original and primary goal has been to bolster support of the Kidney Healthcare Program budget so that it will supplement therapies employed in the treatment of end-stage renal disease or transplant immunosuppression. The Coalition will continue to support the Kidney Health Care Program's budget requests and Coalition support requests for funding may even exceed what's requested in the political arena.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

Statistics that are two years old may have little relevance to certain conditions (including renal disease). Real-time statistical information regarding types of therapy, etc., would be beneficial to the nephrology community and could be addressed by the Renal Coalition.



Texas Rural Health Association (TRHA)

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Mission and Purpose

The Texas Rural Health Association (TRHA), established in 1984, is a nonprofit organization whose primary goal is to improve the health of rural Texans. TRHA is composed of individuals and organizations dedicated to providing strong leadership on rural healthcare issues through advocacy, communications, and education. TRHA recognizes rural interests as a distinct concern and, therefore, promotes collaboration to address issues and promote healthcare resources for all rural and frontier areas of Texas.

Statement of Support

TRHA commits to be a leader in protecting and promoting the health of Texans. TRHA commits to look for specific opportunities in the future to address the Partnership's goals. TRHA will begin, improve, or expand activities related to the goals. TRHA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TRHA will periodically report its progress toward activities related to the Partnership goals to its public health partners.

Relating to all Declaration goals: TRHA will share information about the *Declaration for Health* through the Rural Health Focus (2003 issues) and through the e-mail and fax system of Texas Rural Partners, Inc. to approximately 6,000 persons, and in the conference program for 2003.



Texas Rural Partners, Inc. (Texas Rural Development Council or TRDC)

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Mission and Purpose*Providing Access to Rural Resources*

To increase the accessibility of rural resources, Texas Rural Partners Inc. (the Texas Rural Development Council or TRDC) features a “Searchable Rural Resource Guide” on its Web site, providing rural communities with up-to-date information on available resources simply by entering a keyword. The guide was vastly improved with the implementation of a new system that allows service providers to submit a program description directly to the TRDC Web site, simplifying the update of site entries and providing rural communities with the most current information.

Statement of Support

TRDC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal G. In addition, TRDC commits to look for specific opportunities in the future to address that goal. TRDC will begin, improve, or expand activities related to the goal. TRDC will seek or strengthen public health partnerships in order to facilitate reaching the goal. TRDC will periodically report its progress toward activities related to the goal to its public health partners.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

Through the Health Issues Committee — Work to increase the knowledge of decision makers and rural communities about the essential public health services.



Texas School Food Service Association (TSFSA)

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Mission and Purpose

The Texas School Food Service Association (TSFSA) is a professional organization for all levels of school food service employees established to promote the nutritional health and well-being of Texas children through the development and support of child nutrition professionals in non-profit child nutrition programs. Core values of TSFSA include integrity, commitment, professionalism, good nutrition for all children, professional growth, and visionary leadership. Our vision for the future is for all children in Texas to grow up well educated and well nourished because they have access to healthful meals.

Statement of Support

TSFSA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under Goal A. In addition, TSFSA commits to look for specific opportunities in the future to address the goal. TSFSA will begin, improve, or expand activities related to the goal. TSFSA will seek or strengthen public health partnerships in order to facilitate reaching the goal. TSFSA organization will periodically report its progress toward activities related to the goal to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

TSFSA firmly believes it can help make an improvement regarding this particular goal through its own current and future goals. It is TSFSA's vision that every child in Texas grow up well educated and well nourished because he or

she has access to healthful meals. As part of its strategic plan for 2001–04, TSFSA plans to be the first association to get a universal breakfast program enacted that will enable all students in Texas schools to participate at no cost. A comprehensive Health Initiative has been developed for proposal to the 2003 Texas Legislature that includes the following:

- expanding the school breakfast program;
- establishing a health advisory council to work with allied associations;
- recommending and overseeing the development of program and curriculum changes to improve nutrition education in Texas schools;
- recommending and overseeing the development of school-based child health programs to prevent incidence of childhood obesity, type 2 diabetes, and cardiovascular disease; and
- expanding the current rules and standards for competitive foods and foods of minimal nutritional value.

Currently all schools in Texas who participate in the National School Lunch Program must follow regulations mandated by the United States Department of Agriculture. A meal pattern with specific portions and nutrient requirements that meet the dietary guidelines affects the health of children.

TSFSA and child nutrition programs are working diligently to improve the nutrition, health, and safety of all students in Texas.



Texas School Health Association (TSHA)

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Mission and Purpose

The mission of the Texas School Health Association (TSHA) is to protect and improve the well-being of children and youth in Texas by supporting comprehensive, coordinated school health programs. The TSHA is the only professional association in Texas that focuses its efforts on promoting the eight-component model of coordinated school health. Members of TSHA include public school and university health educators, school nurses, counselors, representatives from community health agencies, school administrators, and others.

Statement of Support

TSHA commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TSHA commits to look for specific opportunities in the future to address the goals below. TSHA will begin, improve, or expand activities related to the goals. TSHA will seek or strengthen public health partnerships in order to facilitate reaching the goals. TSHA will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Presentations of these topics will be made at the annual TSHA Convention. Articles on these topics will be published in TSHA's newsletter, *The Brief*.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Presentations of these topics will be made at the annual TSHA Convention. Articles on these topics will be published in TSHA's newsletter, *The Brief*.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

Representatives from TSHA will be available to provide public testimony before legislators and other policy makers in support of such measures.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Representatives from TSHA will be available to join and actively participate in any partnership efforts with other governmental and non-governmental groups or agencies to support these services.



Texas Society for Public Health Education (TSOPHE)

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Mission and Purpose

The mission of the Texas Society for Public Health Education (TSOPHE) is to advocate for the profession and provide stewardship for the discipline of health education.

Statement of Support

TSOPHE commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TSOPHE commits to look for specific opportunities in the future to address the goals below. TSOPHE will begin, improve, or expand activities related to the goals. TSOPHE will seek or strengthen public health partnerships in order to facilitate reaching the goals. TSOPHE will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

TSOPHE will encourage all health educators to provide updated and relevant information to individuals, families, work sites, and communities regarding proper nutrition and physical activity.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

TSOPHE will support funding for programs to support healthy choices for individuals, families, and communities.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

TSOPHE will support funding and policies to improve the environmental health of the state of Texas.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

TSOPHE will support funding for programs to increase immunizations of all Texans.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

TSOPHE will work with other partners (both public and private) to help meet the public health needs of Texans.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

TSOPHE will continue to provide education and training opportunities for all health educators through biannual conferences.



Texas Society for Respiratory Care (TSRC)

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Mission and Purpose

The mission of the Texas Society for Respiratory Care (TSRC) is to improve patient outcomes through education and the advancement of the art and science of respiratory care in the state of Texas in cooperation with other healthcare providers, through the continuing review and implementation of the strategic plan, goals and objectives of the Society. In 1969, five chapters of the American Association for Respiratory Care came together as the Texas Society for Respiratory Care, which became an affiliate of the AARC. The purposes of this new society were to improve the quality of patient care; develop regional education programs; advance the science, technology, art, and ethics of respiratory care; and facilitate cooperation between various healthcare providers and organizations.

Statement of Support

TSRC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, TSRC commits to look for specific opportunities in the future to address the goals below. TSRC will begin, improve, or expand activities related to the goals. TSRC will seek or strengthen public health partnerships in order to facilitate reaching the goals. TSRC will periodically report its progress toward activities related to the following goals to its public health partners.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse,*

and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.

TSRC actively participates in health screenings for early detection of chronic obstructive pulmonary disease. In conjunction with the American Association for Respiratory Care, its plans are to produce and air public service announcements related to lung health. Respiratory therapists throughout the state are actively involved in smoking-cessation classes and new mass-scale programs are planned.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

Activities to recruit students to choose a health-related career are ongoing and planned into the future. Individual respiratory care training schools carry out career day activities.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

TSRC can provide resources throughout the state to partner with local agencies to conduct pulmonary function screenings for early detection of chronic obstructive pulmonary disease and for asthma awareness and education.



Texas Suicide Prevention Plan Steering Committee

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Mission and Purpose

“On average, more than six people die from suicide every day in Texas. Countless times that number attempt suicide or are debilitated by suicidal thoughts. The cost to our society is staggering, yet there has been little statewide, coordinated effort directed to this preventable problem. The federal government, recognizing the public health nature of this problem, has created a national strategy for prevention and has called upon individual states to respond. Nearly half the states have either developed a statewide strategic plan for suicide prevention or are in the process of doing so. Texas has joined this effort through the work of a grassroots committee comprised of professionals and interested individuals from a variety of disciplines, levels of involvement, and geographic areas of the state. This committee has created a comprehensive, coordinated suicide prevention plan for the state and will be working on finalizing the state plan to help form a sustainable and functional operating structure for complete development and implementation of this plan.”

— Draft Texas State Plan For Suicide Prevention,
Texas Suicide Prevention Plan Steering
Committee, Spring 2002

Statement of Support

The Texas Suicide Prevention Plan Steering Committee (the Committee) commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Committee commits to look for specific opportunities in the future to address the goals below.

The Committee will begin, improve, or expand activities related to the goals. The Committee will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Committee will periodically report its progress toward activities related to the following goals to its public health partners.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

The Committee will support Goals B and C above as per goals and objectives in the draft state plan (when they are finalized) which can be found under the Injury Prevention Web site of TDH: “Suicide Prevention Plan, 2002,” Injury Epidemiology and Surveillance Program, August 1, 2002. Available online at: <http://www.tdh.state.tx.us/injury/reports/tspp/tspp03.htm> (accessed November 22, 2002).



Texas Traumatic Brain Injury Advisory Council (TBIAC)

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Mission and Purpose

The Texas Traumatic Brain Injury Advisory Council (TBIAC) is a joint endeavor of the Health and Human Services Commission and the Texas Department of Health. The 21-member council is appointed by the Texas Commissioner of Health and Human Services to improve access to supports and services for people with traumatic brain injury and their families through:

- informing state leadership of the needs of persons with brain injuries and their families;
- recommending to state leaders policies and practices to meet those needs;
- educating and informing consumers, providers, policy makers, and the public; and
- promoting prevention efforts in Texas.

Statement of Support

TBIAC commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the TBIAC commits to look for specific opportunities in the future to address the goals below. The TBIAC will begin, improve, or expand activities related to the goals. The TBIAC will seek or strengthen public health partnerships in order to facilitate reaching the goals. The TBIAC will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The TBIAC will help reduce the 144,000 traumatic brain injuries sustained by Texans each year by promoting safety in physical activities, including use of helmets and other safety devices and removing environmental hazards.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

The TBIAC will work with the Texas Commission on Alcohol and Drug Abuse and others to reduce drug and alcohol abuse, to reduce use of motor vehicles while using mind-altering substances, and to provide treatment to people with traumatic brain injury to prevent or reduce drug and alcohol abuse among that population.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

The TBIAC will work with other partners to ensure that the needs for public health services of people with traumatic brain injury and their families are met.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The TBIAC will work with the Texas Department of Health, the Texas Information and Referral System, the Brain Injury Association of Texas, local chapters and support groups, and other partners to help ensure that a communication network is effective for people with traumatic brain injury and their families.



Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

The TBIAC will work with the Texas Department of Health, the Health and Human Services Commission, Texas Long Term Care Access, and other partners to insure that communities in Texas understand, prevent, and support people with traumatic brain injury and their families.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The TBIAC will work to ensure that all healthcare providers are given basic education and training in understanding and providing services to and supports for people with traumatic brain injury and their families.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

The TBIAC will work with the Injury Epidemiology and Surveillance Program and others to ensure that data on traumatic brain injury are adequately collected, analyzed, and disseminated.



United Ways of Texas

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facilitate reaching the goals. United Ways of Texas will periodically report its progress toward activities related to the Partnership goals to its public health partners.

Mission and Purpose

United Ways of Texas is effecting positive solutions through partnerships with its member United Ways. United Ways of Texas is working to create dynamic solutions for health and human service needs in Texas by providing a public policy voice; leading statewide health and human service initiatives; building strategic relationships throughout the state; and publicizing the value of the United Way system.

Initiatives of United Ways of Texas include the support and continued funding for 2-1-1 Texas, a statewide information and referral system providing access to information on public, private, and nonprofit health and human services; promotion of early care and education initiatives; maintenance of current CHIP enrollment; promotion of initiatives for services to at-risk youth and improving dropout rates; promotion of initiatives that support the health, independence, and dignity of older Texans; and the encouragement of Texas policy makers to ensure that families and communities have food, clothing, healthcare, mental healthcare, shelter, and dependent care.

Statement of Support

United Ways of Texas commits to be a leader in protecting and promoting the health of Texans. United Ways of Texas commits to look for specific opportunities in the future to address the Partnership's goals. United Ways of Texas will begin, improve, or expand activities related to the goals. United Ways of Texas will seek or strengthen public health partnerships in order to



University of Houston College of Optometry

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Mission and Purpose

The **educational missions** of the University of Houston College of Optometry (the College) are to educate and train sufficient optometrists to serve the needs of Texas primarily, but also to provide education and training for residents of other states and nations; to educate and train qualified teachers and researchers in optometry and vision sciences; to provide post-doctoral education in advanced clinical areas (residencies); and to provide training for practitioners in new developments and the medical sciences. The College's **research mission** is to add to the body of knowledge identified as vision science and to its effective application, and to extend the scope of practice and improve the quality of optometric care. The **service missions** of the College are to provide counsel and support to the profession in its quest to improve optometric services; to help provide appropriate health education to the public; to help extend care to those segments of society which are underserved; and to provide advice and counsel to the international optometric sector.

Statement of Support

As a Public Health Partner with the Texas Department of Health, the University of Houston College of Optometry — the only college of optometry in the state of Texas — will promote the eye and vision health of Texans in an effort to help Texas reach its 2010 public health goals. In addition, the College will look for ways, in cooperation with its partners, to expand its efforts in this endeavor. The College agrees to have its

Commitment to Objectives become a part of the *Declaration for Health* in order to achieve the 2010 goals.

The College agrees to play a leadership role in protecting and promoting the health of Texans by working on objectives to address the Texas Department of Health goals for 2010. In addition, the College will help Texas achieve the Ten Vision Objectives outlined in the *Healthy People 2010* document developed by the U.S. Department of Health and Human Services.

The College will work with all partners in developing a better database of eye and vision health indicators. Knowing the incidence and prevalence of disorders of the eyes and vision will give the baseline against which the outcomes of the College's efforts may be measured.

The College commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the College commits to look for specific opportunities in the future to address the goals below. The College will begin, improve, or expand activities related to the goals. The College will seek or strengthen public health partnerships in order to facilitate reaching the goals. The College will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

The College will endeavor to increase public health education efforts in nutrition, particularly in those areas that impact eye and vision health. Among others, nutrition is an important issue with diabetics who, when poorly controlled and ignoring a healthy diet, significantly increase their risk of retinal disease, the major cause of blindness in adults over 40 years of age. To help reduce



the negative impact, the College will encourage and provide periodic dilated-eye examinations to recognize early retinal disease secondary to diabetes. Timely treatment should minimize the negative outcomes of poor nutrition in these cases. In addition, good nutrition, especially when it includes antioxidants and certain minerals, has been shown to support healthy eyes and healthy vision, thereby contributing to healthy Texans.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

Smoking is a contributing factor to early damage from age-related macular degeneration. Through both patient and public education, the College will try to reduce the impact of cigarette smoking on the health of Texans. The College will work with other partners to provide patient education and information in optometric practices and clinics across the state.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

It is well established that eye and vision disorders contribute to poor school performance and may therefore contribute to a high dropout rate. The College will work with all its partners to increase public awareness of the importance of regular and periodic eye and vision examinations for all preschool and school-age children. It will work closely with its partners to provide comprehensive eye and vision examinations and spectacles and other therapeutic means for the benefit of a high level of education for Texas' children, therefore making the opportunities for employment and good general health more likely. Some of the College's partners in this endeavor include Lions Clubs International, the Eye Care

for Kids Foundation, the Texas Optometric Association, Prevent Blindness Texas, the independent school districts in its service area, the Texas Commission for the Blind, the Swalm Foundation, the Richmond State School, the Texas Institute for Rehabilitation and Research, Baylor College of Medicine Vision Rehabilitation Services, the Good Neighbor Healthcare Center, the San Jose Clinic, the Rusk Clinic, and the Harris County Juvenile Probation Board.

Goal E: *Reduce health risks due to environmental and consumer hazards.*

A significant cause of impaired vision and blindness of Texans is hazards in the work and play environments. The College of Optometry will work to educate and offer protective eye services to the educational, industrial, and sporting communities in particular. Its concerns are not only with injuries from physical trauma, but also with ocular damage from chemical or radiation exposure, as may occur in school and industrial chemistry labs or from excessive ultraviolet exposure from solar radiation. The College will encourage eye and face protection for students and employees in chemistry labs, as well as the use of protective eyewear for all exposed for lengthy periods of time to sunlight or other sources of ultraviolet light.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

The College will integrate immunization information into the health history taken by optometrists and encourage and promote immunizations when needed.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*



The College will promote further partnerships similar to those noted in Goal D above, with special attention to those in other geographic areas of high medical need. An example is the Bridge Builders Charity in Dallas. Since much of what can be done to improve the health of Texans consists of health promotion through health education, the College plans to develop and maintain a Web site about eye and vision health for access by all Texans, and will partner with the Texas Optometric Association in this effort.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The College of Optometry will work with its partners to provide health information through printed and electronic means. Coordination will be especially important if all optometrists in the state are to be involved. It is expected that the Texas Optometric Association will take the lead in this goal and that the College will participate as a partner.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The College will investigate post-professional degree opportunities in public health for practitioners, especially those programs partially delivered via a Web-based curriculum. It will also investigate a combined degree (O.D.–M.P.H.) program with the University of Texas School of Public Health. The curriculum in the professional program (O.D.) will continue to include those principles and practices that benefit the public's health.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

The College will participate in the Vision USA Program providing vision care for medically indigent citizens. In addition, it will continue to seek special-item funding from the Texas Legislature for eye care for the underserved. Foundation support will also be sought for ophthalmic appliances for the truly needy within the College's catchment area.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

The College will provide advice and counsel for the integration of eye and vision coding and data acquisition into the public health system, and will also help train optometric practitioners in data collection and use.



University of Texas Health Center at Tyler

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Mission and Purpose

The University of Texas Health Center at Tyler will provide the citizens of Texas with leadership and excellence in the diagnosis, treatment, and prevention of disease, and in primary patient care, biomedical research, and health education with an emphasis on cardiopulmonary disease.

Statement of Support

The University of Texas Health Center at Tyler (the Center) commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the Center commits to look for specific opportunities in the future to address the goals below. The Center will begin, improve, or expand activities related to the goals. The Center will seek or strengthen public health partnerships in order to facilitate reaching the goals. The Center will periodically report its progress toward activities related to the following goals to its public health partners.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

As a statewide leader in pulmonary disease, the Center has taken and will continue to take a strong stance against the use of tobacco and will work diligently to educate its patients and its communities on the dangers and the economic impact of tobacco use.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

The Center will work to establish UT Health Center as the regional center for health, medical education, and technology through its residency programs in family practice and occupational medicine, its master's degree programs in biotechnology, environmental science, and public health, and through quality continuing medical, nursing, and health-professional education programs. The Center will continue to build its educational network in East Texas as a training venue for students of the health professions from across the University of Texas System and throughout the region.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

The Center will provide national leadership in research and training for emerging occupational and environmental aspects of pulmonary and infectious diseases with a focus on responding to national public health preparedness.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

As a statewide leader in the medical management of tuberculosis and other infectious diseases, the Center will continue to commit substantial resources to care for patients with infectious disease, to conduct research at the bench and clinical levels to eliminate or reduce the impact of these diseases, and to serve as a resource for medical consultation and education in the treatment of infectious disease.



Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

The Center is committed to working as a partner in the effort to meet the public health needs of Texans.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

The Center has collaborated and will continue to collaborate closely with the local public health department in support of their efforts.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

The Center, through its master's degree in public health, will contribute to the education of the workforce of tomorrow to better meet evolving public health needs.



University of Texas Health Science Center at San Antonio, School of Nursing

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Mission and Purpose

The School of Nursing of the University of Texas Health Science Center at San Antonio is committed to improving the health of citizens in South Texas and beyond through its efforts in education, research, and clinical practice.

Statement of Support

The School of Nursing of the University of Texas Health Science Center at San Antonio (the School) commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each goal. In addition, the School commits to look for specific opportunities in the future to address the goals below. The School will begin, improve, or expand activities related to the goals. The School will seek or strengthen public health partnerships in order to facilitate reaching the goals. The School will periodically report its progress toward activities related to the following goals to its public health partners.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

Dr. Elizabeth Reifsnider, R.N., provides nutrition interventions in Women, Infants, and Children (WIC) clinics to preschool children and their mothers

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse,*

and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.

Dr. Margaret Brackley is Director of the Center for Violence Prevention, which is active in research and programs to reduce interpersonal violence.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

Susan Grinslade, R.N., M.S.N., teaches undergraduate nursing students about environmental hazards, including bioterrorism.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

Susan Grinslade, R.N., M.S.N., collaborates with public health officials to provide immunizations to children.



**University of Texas School of Public Health:
University of Texas Health Science Center
at Houston (UTSPH)**

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Mission and Purpose

The University of Texas School of Public Health (UTSPH) is a school of public health, fully accredited by the Council of Public Health Education, the national accrediting body for schools of public health in the United States. Its faculty, students, and staff provide programs of teaching, research, and community service in Houston, San Antonio, El Paso, Dallas, and Brownsville. The mission of the UTSPH is to improve and sustain the health of people by providing the highest-quality graduate education, research, and community service for Texas, for the nation, and internationally. The school's first responsibility is to provide present and future practitioners, teachers, and scientists the highest-quality graduate education in the theory and practice of public health. Degrees include the M.P.H., M.S., Dr.P.H., and Ph.D. Faculty engage in research to enhance the theory and practice of public health through individual research efforts in the disciplines of public health and through a wide range of organized research centers. The school's service in support of public health practice aims to assist in the development of public policy, contribute to the activities of practice agencies, provide professional educational updates, and enhance the well-being of the public.

Statement of Support

UTSPH commits to be a leader in protecting and promoting the health of Texans by carrying out the specific activities outlined below under each

goal. In addition, UTSPH commits to look for specific opportunities in the future to address the goals below. UTSPH will begin, improve, or expand activities related to the goals. UTSPH will seek or strengthen public health partnerships in order to facilitate reaching the goals. UTSPH will periodically report its progress toward activities related to the following goals to its public health partners.

Introductory Statement

The proposal for commitment of the University of Texas School of Public Health to the implementation of the Health Status Goals and the Health Systems Goals for 2010 developed by the Texas State Strategic Health Partnership (TSSHHP) has been presented to the Executive Committee of the School. This group has representation of the faculty leadership and central administration. It is in the process of being presented broadly to the faculty, students, and staff to enlist their understanding and support of the implementation process within our school.

The Executive Committee finds the aims and activities of the TSSHHP, specifically the 12 goals for the state for 2010, forward-looking as they provide a strong basis for the further development of the school's programs in teaching, research, and service. The goals are consistent with much current thinking and research about social determinants of health status and systems as a basis for fashioning policy, interventions, and community coalitions and partnerships that may be more successful than past unilateral efforts.

After faculty review, UTSPH's plan is to reevaluate its strategic priorities relative to these goals and consider what new direction its curriculum, research priorities, and community-service activities will take. Over time UTSPH will prepare a definitive statement of priorities and resource commitments to assist in working with others to



achieve these goals. In the meantime the following are short statements of present activities and new directions to consider under each goal.

Goal A: *Improve the health of all Texans by promoting healthy nutrition and safe physical activity.*

There is substantial teaching and research activity in the area of promoting healthy nutrition, but there is less in physical activity. The latter would require reexamination of priorities and a consideration of developing increased attention.

Goal B: *Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disease, disability, and premature death resulting from unhealthy choices.*

There is much academic work at UTSPH in these areas, particularly with respect to tobacco use. Work on prevention and control of injury and other results of violence has been an area of interest among faculty and students, but it has been sporadic in its emphasis. A reexamination of priorities is in order.

Goal C: *Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.*

UTSPH has had coursework and research in mental health administration and community mental health. The specific thrust of this goal statement represents an opportunity to consider new areas for research and teaching.

Goal D: *Increase rates of high school graduation, adult literacy, college attendance, and other advanced education and training thereby improving socioeconomic and health status.*

The relationship between education, income, and health status has long been understood; a new emphasis on defining interventions and

partnerships to address this issue more directly is needed.

Goal E: *Reduce health threats due to environmental and consumer hazards.*

UTSPH has an active teaching and research program in environmental science. This goal will serve as a focus to reexamine the focus and priorities of work in this area.

Goal F: *Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.*

UTSPH has an Infectious Disease Center, which is involved in a wide range of infectious disease issues, including immunizations. The goal provides a basis for reexamining the current program and priorities within it for immunization.

Goal G: *By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.*

UTSPH faculty and students have engaged in technical assistance, teaching, and research to improve availability of public health resources to all Texas communities for some time; e.g., efforts to promote HB 1444 (76th Texas Legislature). A reexamination of these efforts and a renewed commitment is in order.

Goal H: *By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.*

Community coalition building and maintenance is part of some coursework. Student interns often address this issue in their projects. Little systematic research is apparent, however. Newly



developing activities in bioterrorism preparedness and community-systems building are foci to build on.

Goal I: *By 2010, Texas communities will be aware of the structure, function and availability of the public health system.*

UTSPH is actively involved in development of electronic communication systems and distance-learning technology. Technical assistance to communities is less apparent. This is an important goal for further development.

Goal J: *By 2010, the public health system workforce will have the education and training to meet evolving public health needs.*

A major responsibility of schools of public health is development of the public health workforce. Important areas for continuing thought and development include ensuring appropriate coursework to prepare graduate students for careers in the public health workforce and development of priorities and resources to meet the needs for those already in the workforce. New and improved technology in distance learning is a priority area, as is consideration of certificate programs.

Goal K: *By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.*

There is little teaching or research activity in this area. Further thought and planning are required to address this goal.

Goal L: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.*

There is active involvement here. Several courses address data management, and important research activities model the development of community health-information systems including research and development projects in the use of Geographic Information Systems applications. This growing area is ripe for expansion.



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- 4 Texas Department of Health. *Public Health Improvement Plan: Texas State Strategic Health Plan Part II*. Available online at: <<http://www.tdh.state.tx.us/dpa/phiplong.pdf>>. Accessed January 27, 2003.
- 5 Office of the US Surgeon General. *Overweight and Obesity*. Available online at: <<http://www.surgeongeneral.gov/topics/obesity>>. Accessed January 27, 2003.
- 6 Texas Department of Health. *Fitness Through Healthy Eating and Safe, Regular Physical Activity*. January 2003. For additional information or updates, contact Barbara Keir, Director, Public Health Nutrition and Education Division, Bureau of Nutrition Services, at <barbara.keir@tdh.state.tx.us>.
- 7 Texas Department of Health. *Fitness Through Healthy Eating and Safe, Regular Physical Activity*. January 2003. For additional information or updates, contact Barbara Keir, Director, Public Health Nutrition and Education Division, Bureau of Nutrition Services, at barbara.keir@tdh.state.tx.us.
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Appendix A

Participants

Texas State Strategic Health Partners — Cumulative Through January 2003

The following organizations have sent representatives to Partnership meetings and/or provided a Commitment to Texas expressing their organization's commitment to the goals identified by the Partnership.

Adolescent Development and Achievement Program of Tyler, Inc.*

Alamo Area Women's Health Information Network*

Albornoz & Associates Language Services

American Cancer Society, Texas Division, Inc.*

American Diabetes Association

American Heart Association, Texas

Atascosa Health Center*

Austin / Travis County Health & Human Services Department

BioSignia, Inc.*

Brazos Valley Council of Governments

Cancer and Chronic Disease Consortium

Center for Health and Social Policy

Central East Austin Community Organization

Children's Hospital Association of Texas

City of Amarillo, Department of Public Health

City of Austin / Travis County

Community Voices — El Paso*

Consulate General of Mexico

Dallas County Health & Human Services

East Texas Area Health Education Center*

Environmental Education Foundation*

Glencoe/McGraw-Hill*

* A commitment has been received from this participant.



Harris Methodist-Walls Regional Hospital
Health Disparities Task Force*
The Health Industry Council of the Dallas-Fort Worth Region*
Health Ministries Association, Texas Chapter*
H.O.P.E. Bi-National
House Committee on Appropriations
House Committee on Public Health
Irving Health Leaders Association
JPS Health Network
Kelsey Research Foundation*
League of United Latin American Citizens
Lyndon B. Johnson School of Public Affairs, Center for Health and Social Policy
March of Dimes — Texas Chapter*
The Medical Institute for Sexual Health*
Mental Health Association in Texas
Migrant Clinicians Network
National Association of Social Workers / Texas Chapter*
Office of Rural Community Affairs
Office of State Representative Dianne Delisi
Office of State Representative Frank Corte, Jr.
Office of State Representative Yvonne Davis
Office of State Senator Judith Zaffirini
Pablo Schneider, public participant
Parkland Health & Hospital System*
Paso del Norte Health Foundation*
People Attempting To Help*
Preparedness Coordinating Council*
Preventive Health & Wellness Group, Inc.*

* A commitment has been received from this participant.



Prostate Cancer Advisory Committee

Quantum Benefit Solutions

San Angelo Health Access Coalition*

San Antonio Metropolitan Health District*

School of Rural Public Health, Texas A&M University System–Health Science Center*

Scott & White

Sherry Matthews Marketing

Smith County Public Health District*

The Social and Health Research Center*

St. Luke's Episcopal Health Charities*

Southwest Texas State University, Department of Health, Physical Education and Recreation*

Success By 6 of United Way of Tyler / Smith County*

Texans Care for Children*

Texas Academy of Family Physicians

Texas Alcoholic Beverage Commission

Texas Alliance for Healthy Communities*

Texas Association Against Sexual Assault*

Texas Association of Community Health Centers

Texas Association of Counties*

Texas Association of Local Health Officials*

Texas Association of Municipal Health Officials

Texas Association of School Boards

Texas Association of Secondary School Principals

Texas Association of School Nurses*

Texas Association of Student Councils*

Texas Board of Vocational Nurse Examiners

Texas Campaign for Women's Health

Texas Cancer Council*

* A commitment has been received from this participant.



Texas Commission on Alcohol and Drug Abuse*

Texas Commission on Environmental Quality

Texas Cooperative Extension

Texas Council on Cardiovascular Disease and Stroke*

Texas Dental Association*

Texas Department of Health*

Texas Department of Human Services

Texas Department of Mental Health & Mental Retardation*

Texas Department of Protective and Regulatory Services*

Texas Department on Aging*

Texas Diabetes Council*

Texas Dietetic Association*

Texas Education Agency*

Texas Environmental Health Association*

Texas Health and Human Services Commission*

Texas Healthcare Information Council

Texas Health Foundation*

Texas Higher Education Coordinating Board*

Texas Hospital Association

Texas Institute for Health Policy Research*

Texas Interagency Council on Early Childhood Intervention*

Texas League of United Latin American Citizens*

Texas Medical Association*

Texas Medical Association Council on Public Health

Texas Mental Health and Aging Coalition*

Texas Mental Health Association

Texas Nurses Association*

Texas Optometric Association and the American Optometric Association*

* A commitment has been received from this participant.



Texas Organization of Rural and Community Hospitals

Texas Parent Teacher Association

Texas Pediatric Society*

Texas Public Health Association*

Texas Public Health Training Center*

Texas Rehabilitation Commission*

Texas Renal Coalition*

Texas Rural Health Association*

Texas Rural Partners, Inc. (Texas Rural Development Council)*

Texas School Food Service Association*

Texas School Health Advisory Council

Texas School Health Association*

Texas Society for Public Health Education*

Texas Society for Respiratory Care*

Texas Statewide Health Coordinating Council

Texas Suicide Prevention Plan Steering Committee*

Texas Traumatic Brain Injury Advisory Council*

United Ways of Texas*

University of Houston College of Optometry*

University of Texas Health Center at Tyler*

University of Texas Health Science Center at San Antonio—Center for South Texas Programs

University of Texas Health Science Center at San Antonio, School of Nursing*

University of Texas Medical Branch at Galveston

University of Texas School of Public Health: University of Texas Health Science Center at Houston*

University of Texas School of Public Health, San Antonio Regional Campus

* A commitment has been received from this participant.



Appendix B

Planning Process

More detailed information on the planning process and related documents can be found on the Partnership Web site: <<http://www.tdh.state.tx.us/dpa/sshp.htm>>.

September 24, 2002

On September 24, 2002, Texas Commissioner of Health Dr. Eduardo J. Sanchez convened the organizational meeting of the Public Health Improvement Steering Committee. Commissioner Sanchez made the case for shared public health improvement goals and challenged the Steering Committee to envision a new future for public health in Texas. Steering Committee members discussed the current status of public health and committed to working together toward improving the status quo through shared goals.

The Steering Committee made plans to invite a wide range of public health partners to draft goals at meetings on October 1-2. The Committee agreed that goals should focus on health status and the public health system. The Committee agreed that two subcommittees should work on October 1–2 and formulate goals to recommend to the full Steering Committee. The Steering Committee elected co-chairs for the subcommittees: Ann Pauli of Paso del Norte Health Foundation and Dr. Patti Patterson of the Texas Medical Association Council on Public Health were selected to co-chair the health status subcommittee and Claudia Blackburn of the Texas Association of Local Health Officials and Klaus Kroyer Madsen of the Texas Alliance for Healthy Communities were selected to co-chair the public health system subcommittee.

October 1–2, 2002

A wide range of public health partners was invited to attend the open two-day goal-setting meeting at the Capitol on October 1–2, 2002. More than 100 public health partners participated in the setting of goals.

Each of the subcommittees was co-chaired by two Steering Committee members and other Steering Committee members participated in each group. Other partners chose which subcommittee to attend. Each subcommittee was facilitated by a Texas Department of Health (TDH) staff member while other TDH staff members served as scribes and subject-matter experts.

Each of the subcommittees had an ombudswoman present. The role of the ombudswoman was to be a nongovernmental person to serve as the contact point for subcommittee members who felt they did not have a voice through the Steering Committee members. The ombudswoman was to make sure that any dissenting opinions or comments were recorded and addressed. Members of the subcommittee were invited to tap the ombudswoman individually at their convenience. In addition, time was scheduled on the afternoon of October 1 and the morning of October 2 for subcommittee members to meet with the ombudswoman as a group, without TDH staff present, to share concerns. On October 2, when the full subcommittees assembled, the ombudswomen reported on some concerns that had been expressed and helped shape the process to address those concerns.

Health Status Subcommittee Notes

To start the discussion in the health status subcommittee, participants were asked to fill in no more than three cards with answers to the



following question: “We could show real progress in improving health status in Texas by 2010 if we addressed _____, _____, and _____.”

The subcommittee had a facilitated discussion in which the cards were reviewed and the ideas combined into several broad categories. After the subcommittee went through the cards, the categories consisted of:

- nutrition and lifestyle (sedentary);
- risky behavior (tobacco, sexual, substance, alcohol, etc.) — tobacco, etc.;
- mental health — lack of social or community connections or relationships;
- education;
- environmental risks (safety, pollutants) and living conditions; and
- infectious disease (immunization, communicable disease, toxicity).

The subcommittee looked at the categorized items above and determined that the categories fit into three broader categories:

- root causes,
- health status indicators, and
- interventions.

The subcommittee decided to focus on root causes, rather than particular diseases or health problems, as a means of developing health status improvement goals. Also, in discussions among the subcommittee members, it was determined that issues such as cultural competency and addressing health disparities should be considered underlying principles in looking at all health status improvement goals and therefore would not be included as separate goals.

The root causes identified by the group through the card exercise were added to in a discussion by

the subcommittee to arrive at the following list:

- risky behavior (tobacco, sexual, substance, alcohol, etc.);
- nutrition;
- lifestyle (sedentary);
- mental health;
- lack of social or community connections or relationships;
- infectious disease (immunization, communicable, toxicity);
- environmental risks (safety, pollutants) and living conditions;
- education;
- genetics; and
- poverty.

After the list of root causes was formulated, the group went through each root cause and discussed its definition. Then the subcommittee decided each root cause should be tested for the practicality of setting it as a health status priority according to the following criteria:

- How many people are affected?
- What is the severity of the effect?
- What is the economic impact?
- What is the social impact?
- Is there a remedy or solution? (Is it effective? Replicable?)
- Is the solution acceptable?
- Is it measurable?
- Is it do-able? (How easily may it be implemented?)



- What is the cultural importance?
- Is it affordable?

Subcommittee members participated in a multi-voting exercise considering not only the importance of each of the root causes but also the practicality of making it a goal given the above criteria. After the multi-voting, the subcommittee decided to group some of the root causes together and eliminate the two receiving no votes, arriving at the following list:

- risky behavior (tobacco, sexual, drugs, alcohol, etc.);
- nutrition and lifestyle (sedentary);
- mental health and lack of social or community connections or relationships;
- infectious disease (immunization, communicable, toxicity);
- environmental risks (safety, pollutants) and living conditions; and
- education.

The subcommittee broke into small groups and drafted recommendations around each of the six root causes. The draft recommendations from the small groups were presented to the Steering Committee on the afternoon of October 2 and it was agreed that, with some wordsmithing by Subcommittee chairs, the goals should be put out for comment. These are the health status improvements goals that were posted on the Partnership Web site for comment:

- A. Improve the health of all Texans by promoting healthy eating and safe physical activity.
- B. Reduce tobacco use, risky sexual behavior, and legal/illegal substance abuse in order to decrease premature death and disease.

- C. Promote mental health and individual and community social connections thereby increasing resiliency, preventing mental disorders and increasing early detection.
- D. Increase high school graduation rates and the rates of matriculation into college, thereby improving socioeconomic and health status.
- E. Reduce health risks due to environmental hazards.
- F. Reduce infectious disease in Texas with a focus on increasing immunization rates among Texas children and adults.

Public Health System Subcommittee Notes

The public health system improvement subcommittee was charged with proposing goals for improving the public health system for the 10 essential public health services.

Subcommittee co-chairs Claudia Blackburn and Klaus Kroyer Madsen addressed the group as a whole with the following concerns:

- Texas has a decentralized public health system.
- There is not a lot of consistency among local health departments.
- There is no reliable source of funding for public health infrastructure.
- The public health workforce is not yet defined, nor is what makes the workforce competent.
- There is no consistency, at least among local areas, on how to set priorities and no clear rationale.
- Public health does its best when faced by crisis.



- Lay people do not know the difference between the local health departments, the state health department, and the federal Centers for Disease Control and Prevention.
- There are a lot of similarities between the public health system and the public health infrastructure.

Each participant (as well as TDH's staff divided into two groups, representing regional and Austin offices) was given three index cards and was asked to:

- identify three issues to improve the public health system for population based essential public health services in Texas,
- advocate for those issues, and
- show evidence to support the issues.

After reviewing all the cards, it was decided to collapse all the ideas into 11 different themes:

- workforce,
- infrastructure,
- funding,
- policy,
- assessment of needs,
- definition of the players in the public health system,
- data systems: quality and standards,
- performance standards,
- communications and partnerships,
- public health awareness, and
- service provision.

The themes were reviewed and recombined into 10 areas. The group voted on priorities and produced the following ranking:

- (1) communications and partnerships (20 votes),
- (2) infrastructure (19 votes),
- (3) workforce (19 votes),
- (4) funding (16 votes),
- (5) components of the public health system (15 votes),
- (6) data (14 votes),
- (7) policy (8 votes),
- (8) performance standards (3 votes),
- (9) public health awareness (2 votes), and
- (10) service provision (0 votes).

The subcommittee identified concerns to be addressed at a later date:

- Access to healthcare needs to be revisited.
- Not all possible partners were present.

As previously instructed, the group decided to take the top five themes and develop goals to deliver to the Steering Committee. However, the group felt that Communications and Partnerships needed to be separated; therefore, participants broke into six different workgroups to draft goals for the year 2010.

The groups came back with the following goals (as well as other issues to be considered):

Goal: Communications

“Texas communities will be aware of the structure, function, and availability of the public health system through a communications network.”



Issues to be addressed:

- information,
- leadership, and
- awareness.

Goal: Partnerships

“A diverse set of partners actively participate and collaborate to provide the services necessary to meet the public health needs of Texas.”

Issues to be addressed:

- Emphasize the essential public health services.
- Identify partners.
- Recognize partners.
- Support and empower partners.

Goal: Workforce

“By 2010, the public health system's workforce will have the necessary education and training to meet evolving public health needs.”

Issues to be addressed:

- recruitment,
- retention,
- career development,
- definition of workforce,
- standardized competencies,
- cultural sensitivity,
- timelines,
- essential public health services,
- job-specific issues,

- defining public health training, and
- the need for clarification of the baseline with a background piece to show where we are now.

Goal: Funding

“A flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.”

Issues to be addressed:

- All funding to be flexible,
- Having a percentage of local health funding committed to essential public health, and
- Having a permanent “fund.”

Goal: Data

“Statewide, real-time, standardized and integratable data collection and reporting systems for demographic, morbidity, mortality, and behavioral health indicators, accessible at the local level.”

Issues to be addressed:

- protecting privacy, and
- difficulty in collecting data from private physicians.

Goal: Policy for Infrastructure

“State statute and local policy will assure provision of essential public health services, emphasizing disease prevention and health promotion for all counties in Texas.”

Issues to be addressed:

- policy to drive the infrastructure, and
- identification of system players and their roles and responsibilities.



Additional Recommendation: Access to Care

A seventh group formed to work on a recommendation to address access to care. They drafted the following:

The Texas Department of Health plays an active role in helping Texas communities achieve the goal of 100 percent access and zero health disparities.

Texas currently has a Health Disparities Task Force.

We need TDH's help to clarify where the responsibility for "assuring the provision of healthcare when otherwise unavailable" exists in the state of Texas. Is it at the community, county, regional, or state level? (There are some communities that have adopted a vision of 100 percent access and zero health disparities). This clarification can be done in collaboration with many partners, including the Texas Department of Economic Development, the business community, the Texas Medical Association, the Texas Hospital Association, the Texas Department of Insurance, insurance representatives, the Texas Optometry Association, the Mexican Consulate, faith-based organizations, those representing at-risk populations, and other interested groups.

The result: that every person living in Texas has a medical home (that is not an emergency room) in 2010.

The public health system improvement subcommittee presented the six draft goals and the access-to-care recommendation to the Steering Committee on the afternoon of October 2. With discussion and some suggestions for word-smithing, the Steering Committee agreed that the subcommittee chairs should prepare draft goal language for posting at the Partnership Web site for comment.

These are the public health system improvement goals posted at the site for comment:

G. By 2010, a diverse set of partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.

H. By 2010, Texas communities will be aware of the structure, function and availability of the public health system through a communications network.

I. By 2010, Texas state statute and local policy will ensure the provision of the essential public health services (emphasizing disease prevention and health promotion) for all communities in Texas.

J. By 2010, (50 percent — proposed percentage) of the public health system workforce will have the (optimum necessary) education and training to meet evolving public health needs.

K. By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.

L. By 2010, the Texas public health system will be operating with a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level.

Feedback on Draft Goals

The 12 draft goals developed on October 1–2 were posted at the Partnership Web site for comment. Respondents were asked to keep in mind the vision of improving the health of all Texans and then to indicate whether each goal should be a high, medium, or low priority. Respondents were to mark only one of the three priority columns for each goal. There was no limit on the number of times a particular priority (high, medium, or low) could be chosen. Eighty-three



respondents ranked goals. Those prioritizing the goals considered each of the goals either a high or medium priority. In addition to the prioritization, commentators were invited to provide narrative statements. More than 50 narrative comments were received — some from the 83 respondents who ranked the goals and some from others. All of the comments received, as well as the prioritization, were considered by staff and the Steering Committee in re-drafting the goals.

More Invitations Issued

After the October 1–2, 2002 meetings, more potential partners were identified by TDH and October 1–2 attendees. Invitations were issued to these newly identified partners to join the Partnership and attend the next meeting on October 30, 2002.

October 30, 2002

The purposes of the October 30, 2002 meeting were: (1) to discuss and adopt the public health improvement goals, and (2) to begin identifying commitments to Texas that partners would be making toward achieving the goals by 2010.

The Steering Committee and the other partners present discussed each of the draft goals from the October 1–2 meeting and the comments received. Some changes in wording were adopted. The Steering Committee decided to post the re-drafted goals at the Web site for final comment before making the goals final.

Then, all organizations and entities present were asked to show their interest in individual draft goals by placing a card on each goal the entity was interested in committing to and working on. Each goal had several cards, reinforcing that all goals represented key issues that public health partners were committed to achieving.

During a discussion on next steps, Texas Commissioner of Health Dr. Eduardo J. Sanchez,

as Chair of the Steering Committee, asked Camille Miller of the Texas Institute for Health Policy Research to chair a small workgroup that would develop a plan for next steps in the process. Ms. Miller agreed. Commissioner Sanchez also asked Dr. Hardy Loe of the Public Health Training Center, Dr. Patti Patterson of the Texas Medical Association Council on Public Health, Ann Pauli of the Paso del Norte Health Foundation, Claudia Blackburn of the Texas Association of Local Health Officials, and Klaus Kroyer Madsen of the Texas Alliance for Healthy Communities to serve on the workgroup, and they agreed.

The Steering Committee discussed the third part of the three-part strategic health plan — a “declaration for health.” The Steering Committee agreed that a short (one-page) *Texas Declaration for Health* should be made ready for the scheduled December 4 meeting with a simplified list of the 12 goals. Then, the Steering Committee agreed, a longer document — *The Declaration for Health: Texas State Strategic Health Plan Part III* — could be prepared in early 2003.

Feedback and Final Goals

After the October 30, 2002 meeting, TDH staff worked with Steering Committee members to develop the proposed revisions to the draft goals based on the discussion at the October 30 meeting. The revised draft goals were posted at the Web site for comment. Twelve comments were received and the goals were finalized by the Steering Committee.

December 4, 2002

On the morning of December 4, 2002, the Steering Committee and many partner organization representatives celebrated the release of the short *Texas Declaration for Health* with a coffee reception and signing ceremony. The text of the short *Declaration* is printed in the Foreword.



In the afternoon, the Steering Committee and partners held a business meeting. The Steering Committee and partners discussed the next steps in the process, based on a proposal of the interim group appointed by Commissioner Sanchez at the October 30 meeting. The proposal was made by Camille Miller, and accepted by the Steering Committee, that a workgroup for each of the 12 goals be formed and that co-chairs would include a steering committee member (or designee) and a local representative. The Steering Committee decided that the criteria used for selecting co-chairs and members should include the following:

- One co-chair must be a member of the Steering Committee.
- One co-chair must be active in local-level public health (community, municipality, county, or regional — “where the rubber meets the road”).
- Collectively, co-chairs must represent Texas’ diversity in geographic distribution, rural vs. urban representation, race/ethnicity, gender, and professional level.
- Collectively, co-chairs must represent the breadth of types of public health partners (public, private for-profit and not-for-profit, voluntary, academic, etc.).

The draft list of expectations for co-chairs to accomplish the goals of the workgroups was also reviewed, revised, and approved by the Steering Committee as follows:

- To identify potential workgroup members.
- To contact potential workgroup members to discern their interest in serving.
- To identify and invite collaboration of organizations or groups that already have projects in progress related to the respective goal.

- To organize and convene meetings of the workgroup.
- To assist with the selection of a graduate student, from a pool of graduate student applicants, who will perform research on the issues.
- To assist with the development of a research plan for the graduate student.
- To work with the workgroup in answering the following questions:

- ✍ What is the problem? Provide an evidence-based description of the issue.
- ✍ What are the strengths, weaknesses, opportunities, and threats related to this issue?
- ✍ What are the commitments the partners currently bring toward achieving the goal?
- ✍ What are the options for solutions? Optimally these options should be grounded in evidence-based best practices and be relevant to state and local level implementation. This includes, but is not limited to issues requiring legislative action.

- To communicate regularly with workgroup members and provide them with administrative support through development of agendas, scheduling conference calls or meetings, drafting notes of meetings, and development of other workgroup products.
- To provide regular progress updates to the Steering Committee, including any issues that require guidance or decisions from the Steering Committee.
- To serve through November 2003.



The Steering Committee made a number of other decisions about future activities:

- Co-chairs for the 12 workgroups should be named in January 2003.
- The workgroups for Goal A (related to physical activity and nutrition) and Goal F (related to timely immunizations) would have an accelerated pace for two reasons: First, both topics have already received much consideration in Texas and the workgroups should not re-invent work already done. Second, there will likely be proposals related to physical activity and nutrition and immunizations during the 2003 legislative session and workgroup members other than state agencies can work to pass responsible and responsive legislation addressing these topics.
- The Steering Committee agreed on three Steering Committee co-chairs:
 - o Ann Pauli of Paso del Norte Health Foundation would be the Steering Committee co-chair for Goal A;
 - o Dr. Patti Patterson of the Texas Medical Association Council on Public Health would be the Steering Committee co-chair for Goal F; and
 - o Dr. Hardy Loe of the Texas Public Health Training Center would be the Steering Committee co-chair for Goal J.
- Steering Committee members were encouraged to volunteer to co-chair workgroups addressing other goals. All attendees were encouraged to submit workgroup candidates through the Partnership Web site.
- The Steering Committee agreed to meet again after the legislative session to review reports of the workgroups and plan next steps.
- All partners would consider which workgroups to serve on and encourage other organizations to serve as well.



